



HIV PREVENTION CAPACITY BUILDING ASSISTANCE

PROVIDER DIRECTORY

National Center for HIV, STD,
and TB Prevention
Division of HIV/AIDS Prevention
Capacity Building Branch

Directory project period: 2004-2009



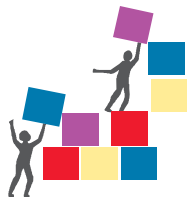


TABLE OF CONTENTS

INTRODUCTION TO CAPACITY BUILDING ASSISTANCE (CBA) FOR HIV PREVENTION	4
DEFINITION OF CAPACITY BUILDING ASSISTANCE (CBA) FOCUS AREAS	6
CAPACITY BUILDING ASSISTANCE PROVIDERS AT-A-GLANCE	8
CBA PROVIDERS BY FOCUS AREA	9
CBA PROVIDERS BY RACE/ETHNICITY	11
REGIONAL PROVISION FOR FOCUS AREA 2 (STRENGTHENING HIV PREVENTION INTERVENTIONS)	15
NATIONAL NETWORK OF STD/HIV PREVENTION TRAINING CENTERS	17
BEHAVIORAL AND SOCIAL SCIENCE VOLUNTEER PROGRAM FACT SHEET	20
NATIONAL AND REGIONAL NON-GOVERNMENTAL PARTNERS PROVIDING CBA (IN ALPHABETICAL ORDER)	21
Arizona/Mexico Border Health Foundation (Strengthening Interventions)	22
Asian & Pacific Islander American Health Forum (Strengthening Organizational Infrastructure)	24
Asian & Pacific Islander American Health Forum (Strengthening Community Planning)	26
Asian & Pacific Islander Wellness Center (Strengthening Interventions)	28
Asian & Pacific Islander Wellness Center (Strengthening Community Access/Utilization)	30
Balm in Gilead (Strengthening Community Access/Utilization)	32
Black AIDS Institute (Strengthening Community Access/Utilization)	35
Colorado State University Tri-Ethnic Center (Strengthening Community Access/Utilization)	37
Community Health Outreach Workers, Inc. (Strengthening Community Access/Utilization)	39
Council of Community Clinics (Strengthening Community Access/Utilization)	41
Education, Training and Research Associates, Inc. (Strengthening Interventions)	43
Harm Reduction Coalition (Strengthening Interventions)	45
Inter Tribal Council of Arizona (Strengthening Community Planning)	47



Jackson State University (Strengthening Interventions)	49
John Snow Inc. Research & Training Institute (Strengthening Interventions)	51
Latino Commission on AIDS (Strengthening Interventions)	53
Metropolitan Interdenominational Church (Strengthening Community Access/Utilization)	55
My Brother's Keeper (Strengthening Community Access/Utilization)	57
National AIDS Education Services for Minorities (Strengthening Community Planning)	59
National Association of People with AIDS (Strengthening Community Access/Utilization)	61
National Black Alcoholism & Addictions Council (Strengthening Interventions)	63
National Black Leadership Commission on AIDS (Strengthening Community Access/Utilization)	65
National Minority AIDS Council (Strengthening Organizational Infrastructure)	71
National Minority AIDS Council (Strengthening Community Access/Utilization)	73
National Native American AIDS Prevention (Strengthening Organizational Infrastructure)	75
National Native American AIDS Prevention (Strengthening Interventions)	78
National Youth Advocacy Coalition (Strengthening Community Access/Utilization)	81
PROCEED, Inc. (Strengthening Organizational Infrastructure)	83
PROCEED, Inc. (Strengthening Interventions)	85
St. Louis University (Strengthening Interventions)	87
U.S.-Mexico Border Health Association (Strengthening Community Access/Utilization)	89
U.S.-Mexico Border Health Association (Strengthening Community Planning)	91



INTRODUCTION TO CAPACITY BUILDING ASSISTANCE (CBA) FOR HIV PREVENTION

Capacity Building Assistance (CBA) is both the art and science of imparting knowledge, skills and technology that affect individual abilities and organizational systems (including community) towards improving and sustaining effective and efficient HIV prevention. The outcome of CBA is to contribute to an increase in the quality, quantity or cost effectiveness of intervention activities and the sustainability of infrastructural systems that support these activities.

The goal of capacity building is to improve the performance of the HIV prevention workforce by ensuring scientifically sound and culturally proficient assistance through information sharing, training, provision of technical assistance and technology transfer. The HIV prevention workforce consists of key staff from health departments, community-based organizations, public and private hospitals, clinics, social service centers and other sectors that contribute to reducing risks for either contracting or transmitting HIV and other sexually transmitted diseases. The Centers for Disease Control and Prevention, Division of HIV Prevention (CDC/DHAP) is committed to increasing the capacity of the HIV prevention workforce in reducing the number of HIV infections in racial/ethnic minority individuals and ensuring that these individuals have access to HIV prevention, testing, care and treatment services.

The goals of CDC's CBA program are:

- 1) To improve the capacity of community-based organizations (CBOs) to strengthen and sustain organizational infrastructures that supports the delivery of effective HIV prevention services and interventions for high-risk racial/ethnic minority individuals;
- 2) To improve the capacity of CBOs and Health Departments to implement, improve, and evaluate HIV prevention interventions for high-risk racial/ethnic minority individuals of unknown serostatus, including pregnant women, and people of color who are living with HIV/AIDS and their partners;
- 3) To improve the capacity of CBOs and other community stakeholders on how to implement strategies that will increase access to and utilization of HIV prevention and risk-reduction and avoidance services (including those under the Advancing HIV Prevention Initiative) for racial/ethnic minority individuals; and
- 4) To improve the capacity of Community Planning Groups (CPGs) and Health Departments to include HIV-infected and affected racial/ethnic minority participants in the community planning process, and to increase parity, inclusion, and representation (PIR).

In order to meet these goals, CDC funded 27 CBA providers through a competitive process to deliver services to CBOs and other HIV prevention stakeholders. These national and regional non-governmental organizations serve as providers and brokers who create linkages to expert consultants who deliver culturally appropriate, state-of-the-science prevention services to targeted communities. These CBA providers are funded to deliver assistance in four focus areas:

Focus Area 1: Strengthening Organizational Infrastructure for HIV Prevention

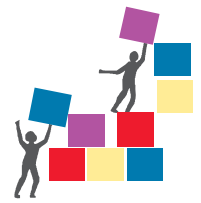
Focus Area 2: Strengthening Interventions for HIV Prevention

Focus Area 3: Strengthening Community Access To and Utilization of HIV Prevention Services

Focus Area 4: Strengthening Community Planning for HIV Prevention

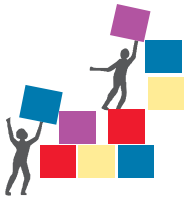
This provider directory serves as a resource guide to increase access to CDC's CBA services. Each organizational sec-

INTRODUCTION TO CAPACITY BUILDING ASSISTANCE (CBA) FOR HIV PREVENTION



tion includes information on the history of the organization, accomplishments and highlights as well as a description of each CBA project funded under a specific Focus Area. The directory also highlights the organizations' collaborating partners, specific targeted populations and geographical service areas covered by each project. The directory lists all of the 27 newly funded CBA providers. It also lists seven CBA organizations funded under a different program announcement that target migrant workers and youth. These seven organizations are funded until March 31, 2005.

CDC is proud of its longstanding efforts in partnering with national and regional non-governmental organizations that deliver CBA to the HIV prevention service community. This CBA directory will provide information on our partners for building HIV prevention capacity. We hope you will take the time to read this important information and most importantly utilize the CBA services offered. CDC directly-funded CBOs and State Health Departments can request capacity building assistance through their CDC Project Officer. Health Department funded CBOs requesting CBA services should submit requests through their State Health Department or the Health Departments of the six major cities (Chicago, Houston, Los Angeles, New York City, Philadelphia, and San Francisco) funded by CDC. Other community stakeholders and Native American jurisdictions may contact CBA organizations directly. For additional information call the CDC, Capacity Building Branch at (404) 639-2918.



DEFINITION OF CAPACITY BUILDING ASSISTANCE (CBA) FOCUS AREAS

FOCUS AREA 1

STRENGTHENING ORGANIZATIONAL INFRASTRUCTURE FOR HIV PREVENTION

The purpose of Focus Area 1 is to improve the capacity of CBOs to develop and sustain organizational infrastructures that support the delivery of effective HIV prevention services and interventions to high-risk racial and ethnic minority individuals of unknown or negative serostatus, including pregnant women, and people living with HIV/AIDS and their partners.

The Focus Area 1 strategy is based upon the recognition that:

- The breadth and depth of knowledge and expertise is not concentrated in one organization but is found across a diverse sector of consultants, academicians, and businesses.
- Building local capacity is best facilitated by linking local consultants with local providers, resulting in a dual benefit of building capacity for both local consultants and prevention providers.
- Local consultants are more likely to be knowledgeable about the local ordinances affecting the organization's operations.
- Resource networks of local consultants provide a broad range of expertise and services.

Focus Area 1 consists of several activities and components such as but not limited to board development; organizational assessment; strategic planning skills; grant writing; fiscal management; organizational quality assurance; human resource management, etc.

FOCUS AREA 2

STRENGTHENING INTERVENTIONS FOR HIV PREVENTION

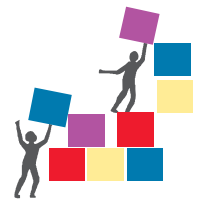
The purpose of Focus Area 2 is to improve the capacity of CBOs and health departments to adapt, tailor, implement, and evaluate effective HIV prevention interventions for high risk racial, ethnic minority individuals of unknown serostatus, including pregnant women, and people living with HIV/AIDS and their partners.

The Focus Area 2 strategy is based upon the recognition that:

- Science-based interventions are the cornerstone of HIV prevention.
- Local consultants are more likely to be knowledgeable about the local epidemic, culture, and effective interventions.
- Regional partnerships increase regional and local infrastructure, and have the most optimal opportunities for increasing access and optimizing knowledge and skills.

Focus Area 2 consists of several activities and components such as but not limited to intervention tailoring, adaptation, and adoption; integrating prevention interventions of HIV and other STD's; developing curricula; using behavioral science to increase intervention effectiveness; conducting population-based needs assessments, etc.

DEFINITION OF CAPACITY BUILDING ASSISTANCE (CBA) FOCUS AREAS



FOCUS AREA 3 STRENGTHENING COMMUNITY ACCESS TO AND UTILIZATION OF HIV PREVENTION SERVICES

The purpose of Focus Area 3 is to improve the capacity of racial and ethnic minority CBOs and communities to implement models that will increase the access to, and utilization of, HIV prevention and risk-reduction services, including those under the Advancing HIV Prevention initiative (MMWR 2003, 52(15): 329-332).

The Focus Area 3 strategy is based upon the recognition that:

- Community engagement is a critical strategy for addressing HIV infections and risk reduction in a community.
- Local community stakeholders need to be actively involved in the process in order to respond to the HIV epidemic.
- Community empowerment leads to a decrease in HIV infection.
- Organizations with credibility in their community can serve as catalysts for change in their community.

The Focus Area 3 strategy is to improve access to and utilization of HIV prevention services including HIV counseling and testing. The strategy is also based on a model for structural or population-based behavioral changes. Focus Area 3 can be implemented using various models and activities such as but not limited to the Mobilizing for Action through Planning and Partnerships (MAPP) or Community Readiness Model; coalition development; social marketing; media outreach, etc.

FOCUS AREA 4 STRENGTHENING COMMUNITY PLANNING FOR HIV PREVENTION

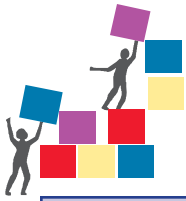
The purpose of Focus Area 4 is to improve the capacity of CPGs and health departments to include HIV infected and affected racial and ethnic minority participants in the community planning process, and to increase parity, inclusion, and representation (PIR) on CPGs (for more information, see the HIV Prevention Community Planning Guidance <http://www.cdc.gov/hiv/pubs/hiv-cp.htm>).

The Focus Area 4 strategy is based upon the recognition that:

- The community needs to be educated about the community planning process.
- The involvement and participation of communities of color is critical to community planning.
- Priority setting for HIV prevention must involve HIV infected and affected individuals.

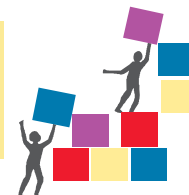
Focus Area 4 consists of several activities and components such as but not limited to understanding the community planning guidance and process; using prioritization strategies; using data for decision-making; skills in conflict management and negotiations, etc.

CPGs were developed as a mechanism by which affected and infected community members could provide their input and expertise to specific setting in regard to establishing priority populations for HIV prevention, choosing the most appropriate interventions for these populations, and obtaining equitable resource allocations. CPGs across the country can benefit significantly from having a CPG membership representative of the epidemic and inclusive of minority community members. CBA providers can work with CPGs and health departments to provide CBA in areas that help improve minority parity, inclusion, and representation on their CPGs. In addition, retention and meaningful involvement in the planning process are other critical areas in which assistance may be provided.



CAPACITY BUILDING ASSISTANCE PROVIDERS AT-A-GLANCE

CBA PROVIDER	REGION	TARGET AUDIENCE	REFERENCE PAGE
AIDS Alliance for Children, Youth and Families	National	Youth	94
Arizona/Mexico Border Health Foundation	South	Hispanic/Latino	22
Asian & Pacific Islander American Health Forum	National	Asian and Pacific Islander	24
Asian & Pacific Islander Wellness Center	National	Asian and Pacific Islander	28
Balm in Gilead	National	African American Faith Community	32
Black AIDS Institute	National	African American	35
Colorado State University Tri Ethnic Center	National	American Indian/Alaska Native/Native Hawaiian	37
Community Health Outreach Workers, Inc.	National	African American	39
Council of Community Clinics	National	Hispanic/Latino	41
Education, Training and Research Associates, Inc.	West	African American	43
Farmworkers Justice Fund	National	Migrant Populations	96
Harm Reduction Coalition	North	African American	45
Inter Tribal Council of Arizona	National	American Indian/Alaska Native/Native Hawaiian	47
Jackson State University	South	African American	49
John Snow Inc. Research & Training Institute	MidWest	Hispanic/Latino	51
Latino Commission on AIDS	North	Hispanic/Latino	53
Metropolitan Interdenominational Church	National	African American Faith Community	55
My Brother's Keeper	National	African American	57
National AIDS Education Services for Minorities	National	African American	59
National Association of People with AIDS	National	Hispanic/Latino	61
National Black Alcoholism & Addictions Council	MidEast	African American	63
National Black Leadership Commission on AIDS	National	African American	65
National Latina Health Network	National	Hispanic/Latino Youth	98
National Latina/o Lesbian, Gay, Bisexual and Transgender Organization	West	Hispanic/Latino (FA 2)	67
National Latina/o Lesbian, Gay, Bisexual and Transgender Organization	National	Hispanic/Latino (FA 3)	69
National Minority AIDS Council	National	African American	71
National Native American AIDS Prevention	National	American Indian/Alaska Native/Native Hawaiian	75
National Network for Youth	National	Youth	100
National Youth Advocacy Coalition	National	African American Youth	81/102
PROCEED, Inc.	National	Hispanic/Latino (FA 1)	83
PROCEED, Inc.	MidEast	Hispanic/Latino (FA 2)	85
Rural Opportunities, Inc.	National	Migrant Populations	104
St. Louis University	MidWest	African American	87
United Migrant Opportunity Services, Inc.	National	Migrant Populations	106
U.S./Mexico Border Health Association	National	Hispanic/Latino	89



FOCUS AREA 1 STRENGTHENING ORGANIZATIONAL INFRASTRUCTURE FOR HIV PREVENTION

Asian & Pacific Islander American Health Forum

CBA Services Nationally
Asian and Pacific Islanders

National Minority AIDS Council

CBA Services Nationally
African Americans

National Native American AIDS Prevention Center

CBA Services Nationally
American Indians/Alaska Natives/Native Hawaiians

PROCEED, Inc.

CBA Services Nationally
Hispanics/Latinos

FOCUS AREA 2 STRENGTHENING HIV PREVENTION INTERVENTIONS

Asian & Pacific Islander Wellness Center

CBA Services - Nationally
Asian and Pacific Islanders

Arizona/Mexico Border Health Foundation

CBA Services – South Region
Hispanics/Latinos

Education, Training and Research Associates

CBA Services – West Region
African Americans

Harm Reduction Coalition

CBA Services – North Region
African Americans

Jackson State University

CBA Services – South Region
African Americans

JSI Research & Training Institute, Inc.

CBA Services – MidWest
Hispanics/Latinos

Latino Commission on AIDS

CBA Services – North Region
Hispanics/Latinos

National Black Alcoholism & Addictions Council

CBA Services – Mid East
African Americans

National Latina/o Lesbian, Gay, Bisexual and Transgender Organization (LLEGÓ)

CBA Services – West
Hispanics/Latinos

National Native American AIDS Prevention Center

CBA Services – Nationally
American Indians/Alaska Natives/Native Hawaiians

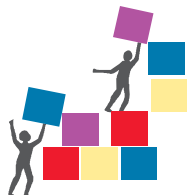
PROCEED, Inc.

CBA Services – MidEast
Hispanics/Latinos

St. Louis University

CBA Services – MidWest
African Americans

****Additional Migrant and Youth CBA providers working on “Strengthening HIV Interventions” are located in the last section of this directory.***



CBA PROVIDERS BY FOCUS AREA

FOCUS AREA 3 INCREASING ACCESS TO AND UTILIZATION OF HIV PREVENTION SERVICES

Asian & Pacific Islander Wellness Center

CBA Services – Nationally
Asian and Pacific Islanders

Balm in Gilead

CBA Services – Nationally
African Americans

Black AIDS Institute

CBA Services – Nationally
African Americans

Community Health Outreach Workers

CBA Services – Nationally
African Americans

Colorado State University – Tri-Ethnic Center

CBA Services – Nationally
American Indians/Alaska Natives/Native Hawaiians

Council of Community Clinics

CBA Services – Nationally
Hispanics/Latinos

Metropolitan Interdenominational Church

CBA Services – Nationally
African Americans

My Brother's Keeper

CBA Services – Nationally
African Americans

National Association of People with AIDS

CBA Services – Nationally
Hispanics/Latinos

National Black Leadership Commission on AIDS

CBA Services – Nationally
African Americans

National Latina/o Lesbian, Gay, Bisexual and Transgender Organization (LLEGÓ)

CBA Services – Nationally
Hispanics/Latinos

National Minority AIDS Council

CBA Services – Nationally
African Americans

National Youth Advocacy Coalition

CBA Services – Nationally
African Americans

U.S./Mexico Border Health Association

CBA Services – Nationally
Hispanics/Latinos

**Additional Migrant and Youth CBA providers working on "Increasing Access To and Utilization of HIV Prevention Services" are located in the last section of this directory.*

FOCUS AREA 4 STRENGTHENING COMMUNITY PLANNING FOR HIV PREVENTION

Asian & Pacific Islander American Health Forum

CBA Services – Nationally
Asian and Pacific Islanders

Inter Tribal Council of Arizona

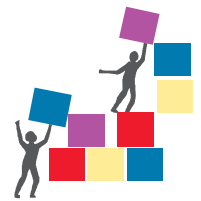
CBA Services – Nationally
American Indians/Alaska Natives/Native Hawaiians

National AIDS Education Services for Minorities

CBA Services – Nationally
African Americans

U.S./Mexico Border Health Association

CBA Services – Nationally
Hispanics/Latinos



AFRICAN AMERICANS

FOCUS AREA 1 STRENGTHENING ORGANIZATIONAL INFRASTRUCTURE FOR HIV PREVENTION

National Minority AIDS Council
CBA Services - Nationally

FOCUS AREA 2 STRENGTHENING HIV PREVENTION INTERVENTIONS

Education, Training and Research Associates
CBA Services - West

Harm Reduction Coalition
CBA Services - North

Jackson State University
CBA Services - South

National Black Alcoholism & Addictions Council
CBA Services - MidEast

St. Louis University
CBA Services - MidWest

FOCUS AREA 3 INCREASING ACCESS TO AND UTILIZATION OF HIV PREVENTION SERVICES

Balm in Gilead
CBA Services - Nationally

Black AIDS Institute
CBA Services - Nationally

Community Health Outreach Workers
CBA Services - Nationally

Metropolitan Interdenominational Church
CBA Services - Nationally

My Brother's Keeper
CBA Services - Nationally

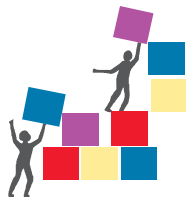
National Black Leadership Commission on AIDS
CBA Services - Nationally

National Minority AIDS Council
CBA Services - Nationally

National Youth Advocacy Coalition
CBA Services - Nationally

FOCUS AREA 4 STRENGTHENING COMMUNITY PLANNING FOR HIV PREVENTION

National AIDS Education Services for Minorities
CBA Services – Nationally



CBA PROVIDERS BY RACE/ETHNICITY

ASIAN AND PACIFIC ISLANDERS

FOCUS AREA 1 **STRENGTHENING ORGANIZATIONAL INFRASTRUCTURE** **FOR HIV PREVENTION**

Asian & Pacific Islander American Health Forum
CBA Services - Nationally

FOCUS AREA 2 **STRENGTHENING HIV PREVENTION INTERVENTIONS**

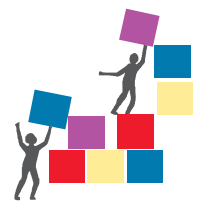
Asian & Pacific Islander Wellness Center
CBA Services - Nationally

FOCUS AREA 3 **INCREASING ACCESS TO AND UTILIZATION OF HIV PREVENTION SERVICES**

Asian & Pacific Islander Wellness Center
CBA Services - Nationally

FOCUS AREA 4 **STRENGTHENING COMMUNITY PLANNING FOR HIV PREVENTION**

Asian & Pacific Islander American Health Forum
CBA Services - Nationally



HISPANICS/LATINOS

FOCUS AREA 1

STRENGTHENING ORGANIZATIONAL INFRASTRUCTURE FOR HIV PREVENTION

PROCEED, Inc.

CBA Services - Nationally

FOCUS AREA 2

STRENGTHENING HIV PREVENTION INTERVENTIONS

Arizona/Mexico Border Health Foundation

CBA Services - South

JSI Research & Training Institute, Inc.

CBA Services - MidWest

Latino Commission on AIDS

CBA Services - North

National Latina/o Lesbian, Gay, Bisexual and Transgender Organization (LLEGÓ)

CBA Services - West

PROCEED, Inc.

CBA Services - MidEast

FOCUS AREA 3

INCREASING ACCESS TO AND UTILIZATION OF HIV PREVENTION SERVICES

Council of Community Clinics

CBA Services - Nationally

National Association of People with AIDS

CBA Services - Nationally

National Latina/o Lesbian, Gay, Bisexual and Transgender Organization (LLEGÓ)

CBA Services - Nationally

U.S./Mexico Border Health Association

CBA Services - Nationally

FOCUS AREA 4

STRENGTHENING COMMUNITY PLANNING FOR HIV PREVENTION

U.S./Mexico Border Health Association

CBA Services - Nationally



AMERICAN INDIANS/ALASKA NATIVES/NATIVE HAWAIIANS

FOCUS AREA 1 **STRENGTHENING ORGANIZATIONAL INFRASTRUCTURE** **FOR HIV PREVENTION**

National Native American AIDS Prevention Center
CBA Services - Nationally

FOCUS AREA 2 **STRENGTHENING HIV PREVENTION INTERVENTIONS**

National Native American AIDS Prevention Center
CBA Services - Nationally

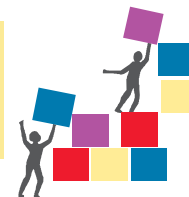
FOCUS AREA 3 **INCREASING ACCESS TO AND UTILIZATION OF HIV PREVENTION SERVICES**

Colorado State University – Tri-Ethnic Center
CBA Services - Nationally

FOCUS AREA 4 **STRENGTHENING COMMUNITY PLANNING FOR HIV PREVENTION**

Inter Tribal Council of Arizona
CBA Services - Nationally

REGIONAL PROVISION FOR FOCUS AREA 2 (STRENGTHENING HIV PREVENTION INTERVENTIONS)



MIDEAST

Asian & Pacific Islander Wellness Center

Asian and Pacific Islanders

National Black Alcoholism & Addictions Council

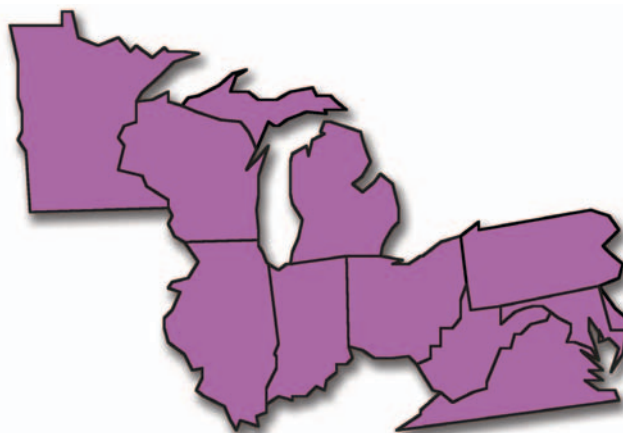
African Americans

National Native American AIDS Prevention Center

American Indians/Alaska Natives/Native Hawaiians

PROCEED, Inc.

Hispanics/Latinos



MIDWEST

Asian & Pacific Islander Wellness Center

Asian and Pacific Islanders

JSI Research & Training Institute, Inc.

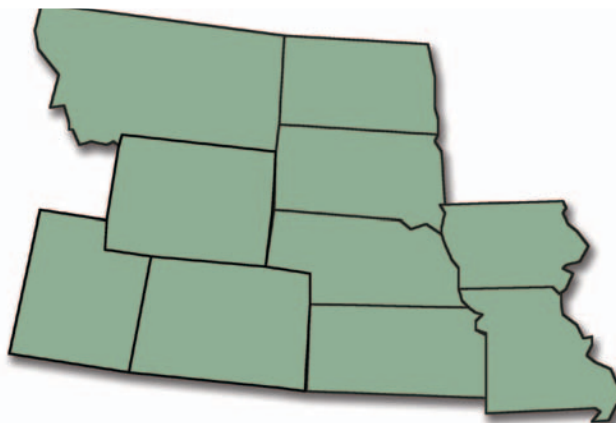
Hispanics/Latinos

National Native American AIDS Prevention Center

American Indians/Alaska Natives/Native Hawaiians

St. Louis University

African Americans



NORTH

Asian & Pacific Islander Wellness Center

Asian and Pacific Islanders

Harm Reduction Coalition

African Americans

Latino Commission on AIDS

Hispanics/Latinos

National Native American AIDS Prevention Center

American Indians/Alaska Natives/Native Hawaiians





REGIONAL PROVISION FOR FOCUS AREA 2 (STRENGTHENING HIV PREVENTION INTERVENTIONS)

SOUTH

Arizona/Mexico Border Health Foundation

Hispanics/Latinos

Asian & Pacific Islander Wellness Center

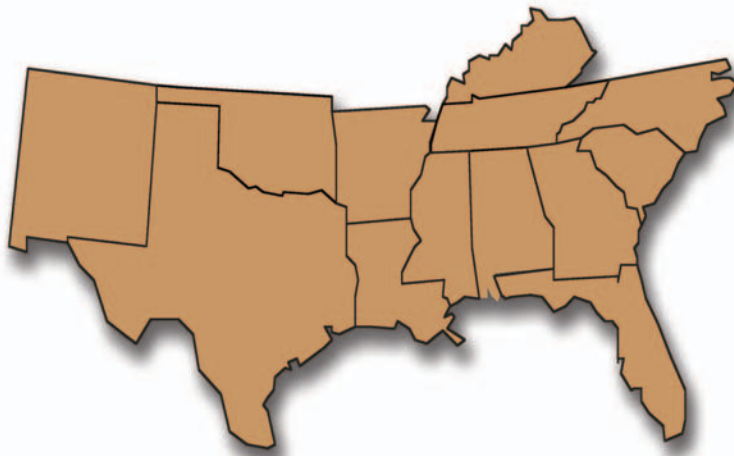
Asian and Pacific Islanders

Jackson State University

African Americans

**National Native American
AIDS Prevention Center**

American Indians/Alaska Natives/
Native Hawaiians



WEST

Asian & Pacific Islander Wellness Center

Asian and Pacific Islanders

Education, Training and Research Associates

African Americans

**National Latina/o Lesbian, Gay, Bisexual and
Transgender Organization (LLEGÓ)**

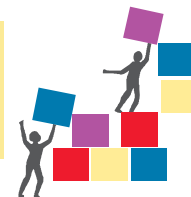
Hispanics/Latinos

National Native American AIDS Prevention Center

American Indians/Alaska Natives/Native Hawaiians



**All other focus area CBA providers deliver services nationally.*



As the worlds of STD and HIV continue to integrate their prevention efforts, one training resource important to persons working in both of these focus areas is the **National Network of STD/HIV Prevention Training Centers**. HIV is still predominantly a sexually transmitted disease (STD) and a growing body of evidence supports the argument that STDs facilitate the transmission and acquisition of HIV. For example, genital ulcers in HIV positive individuals increase the likelihood of viral shedding. In HIV negative individuals, genital ulcers increase the likelihood of acquiring HIV by offering a more direct route of transmission. Non-ulcerous infections, such as gonorrhea or urethritis, also enhance viral loads in HIV infected persons, therefore increasing the likelihood of transmitting HIV. For women, gonorrhea and chlamydia can cause inflammation of the cervix, increasing the odds of contracting HIV.

Since HIV is not the only viral STD, training that focuses on the prevention of both HIV and STD transmission has become increasingly important. In 1995, CDC's Division of STD Prevention, in collaboration with the Division of HIV/AIDS Prevention, increased funding to expand their network of STD/HIV Prevention Training Centers (PTC). What began as training for clinicians working in STD prevention, has expanded to include training on effective behavioral and social interventions, partner services, and program support. These new additions to the training network have become valuable resources to individuals working in HIV prevention at state, local and community-based agencies across the country.

The PTCs are funded in three program areas. The first area, **STD Clinical Training**, offers courses that provide up-to-date information to public and private clinicians involved in diagnosing, treating, and managing patients with STDs. There are currently ten STD Clinical Training sites. One site is located in each HHS Federal Region.

The second program area is **Behavioral and Social Intervention Training**. These courses are intended to assist a diverse audience of health professionals in public, private and community sectors. These courses were designed to develop skills in the practical use of behavioral theory and to develop effective strategies to prevent or reduce behaviors that place persons at risk for HIV and other STD infections. Most courses include experiential components and are best suited for providers who deliver HIV and STD interventions directly to at-risk members of the community, supervisors of those providers, and persons who plan HIV/STD intervention programs in a community- or clinic-based setting. Trainings include individual-, group-, and community-level approaches to HIV/STD prevention. Upon request, some courses can be brought to local communities. Courses based on CDC's Compendium of HIV Prevention Interventions with Evidence of Effectiveness are in development and will be available soon. There are currently four Behavioral Intervention Training sites serving quadrants of the United States.

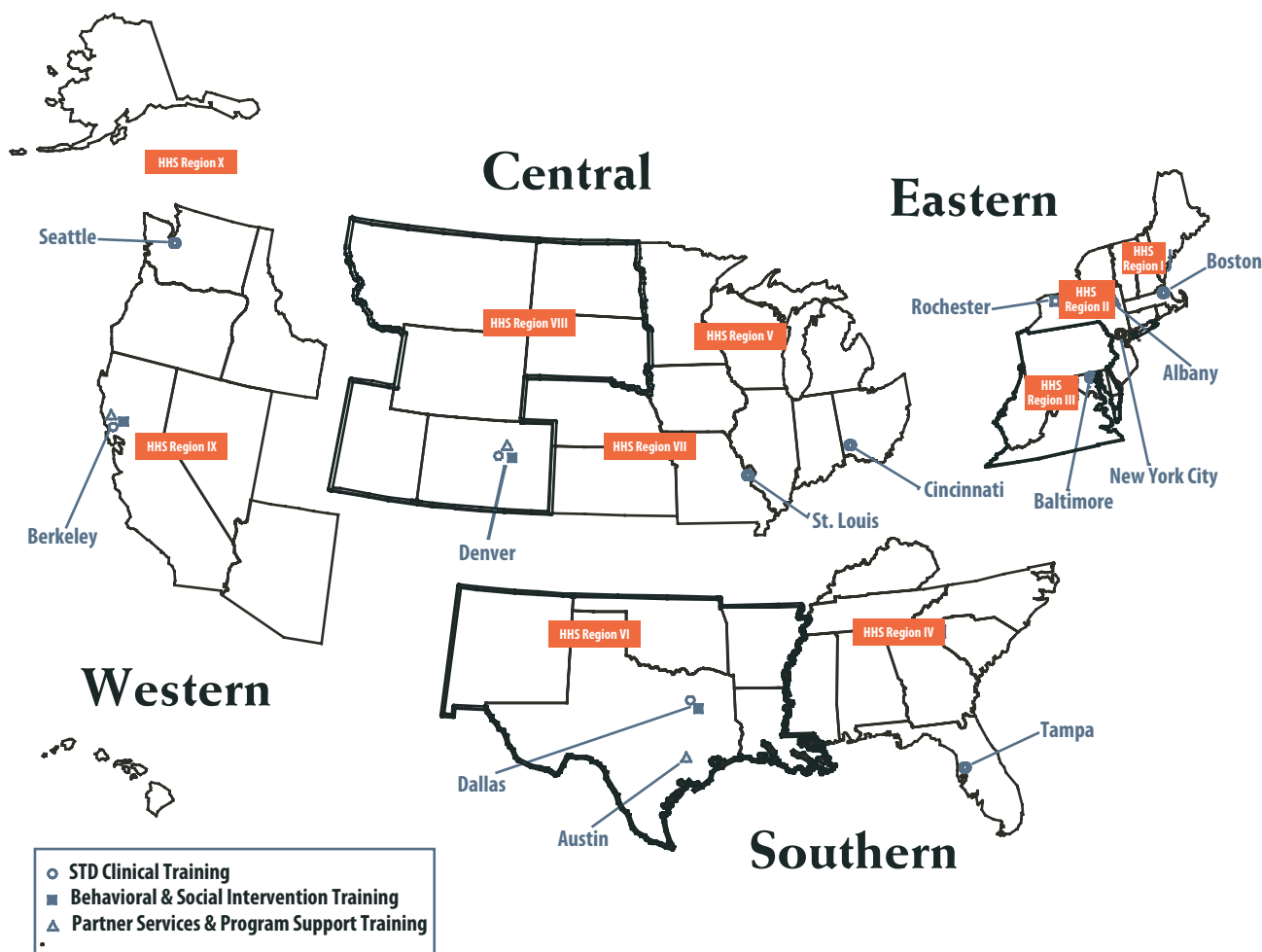
The third program area is **Partner Services and Program Support Training**, which provides courses designed for federal, state, and local public health professionals, especially those working in STD/HIV prevention programs. Several courses focus on developing the skills of disease intervention specialists and prevention counselors, while other courses support STD/HIV prevention programs at state, local, and community levels. Courses range from one day to two weeks. Experiential learning under the guidance of qualified preceptors is integral to all the course offerings. Similar to the Behavioral Intervention Training Program, there are four Partner Services and Program Support Training sites serving quadrant of the United States.

The latter two program areas, **Behavioral and Social Intervention Training** and **Partner Services/Program Support Training**, are those most important to the target audiences of NASTAD. An HIV prevention specialist and private consultant in Colorado, Mari Plaza-Munet, found the Behavioral courses to be very helpful. She remarked, "I have been able to apply the concepts of behavioral theory with all of my programs and support my clients by providing effective HIV risk-reduction techniques." Please consider how the PTCs can help you to achieve the training needs in your state. Whether professionals in your community travel to the training centers for intensive training or trainers come to the local community, HIV and STD prevention programs are sure to benefit from this valuable training resource.

For additional information or to receive a brochure from the National Network of STD/HIV Prevention Training Centers, please contact Terry Stewart at (303) 436-7267, or tstewart@dhha.org. Additional information may also be obtained from the National Network of STD/HIV PTC website: <http://depts.washington.edu/nnptc/>.



NATIONAL NETWORK OF STD/HIV PREVENTION TRAINING CENTERS



COURSE OFFERINGS

Bridging Theory and Practice: Applying Behavioral Theory in STD/HIV Prevention

This 2-day course presents an overview of behavioral and social science theories and factors that influence behavior. It provides user-friendly methods for applying theory to program development and for selecting effective prevention interventions.

Comprehensive Introduction to Effective STD/HIV Behavioral Interventions

This 5-day intensive course provides a comprehensive overview of Behavioral Interventions, as well as other factors that are important to program planning. Didactic and skill-building sessions explore individual, group, and community-level interventions; public information; key behavioral theories; a literature review of effective prevention strategies; the social context of HIV; the usage of epidemiological data in program design; program evaluation; and harm reduction as a prevention strategy. Four of the five days include field practicum activities.



Group Process and Facilitation Skills

This 3-day basic course emphasizes group process and development. It focuses on the development of participants' skills in leading and participating in groups. Skills are expected to be useful for facilitating many different types of groups including workshops, planning groups, training groups, focus groups, and work teams.

Behavioral Counseling for STD/HIV Prevention

This 3- to 5-day course provides an overview of behavioral and social science theory and reviews effective behavioral counseling interventions. The focus is on a specific counseling model adapted from the Stage of Change/Transtheoretical Model of Behavior Change Theory that emphasizes sexual, substance use, and health care seeking behaviors. Using this stage-based behavioral counseling model, participants are trained to assess each client's stage of readiness for change and to utilize one of 12 counseling strategies to effect behavior change.

Community-level STD/HIV Behavioral Interventions

This 3- to 4-day intensive course provides comprehensive training in the development and implementation of community-level intervention. The didactic content explores methods for assessing the needs of communities; key behavioral theories; theory-based street outreach techniques; the role of targeted small media in diffusion of messages; and community mobilization methods. Skill-building sessions focus on community ethnographic work, outreach, and development of role model stories as small media materials.

ADDITIONAL COURSE OFFERINGS

*NOTE: Contact the **individual training centers** for specifics about their additional course offerings*

- Planning and Evaluating STD/HIV Behavioral Interventions
- Risk Reduction through Client-centered Counseling
- Sexual Communication: Interventions for Individual Behavior Change
- Community Identification: Learning About the Community First
- Prevention Case Management
- Behavioral Interventions with Incarcerated Women and Adolescents
- Behavioral Interventions within Native American Communities
- Effective STD/HIV Prevention Interventions for Groups
- Working with Communities to Achieve Change
- STD Overview for Non-clinicians
- Use of Behavioral Counseling with Clients Living with HIV/AIDS



THE BEHAVIORAL AND SOCIAL SCIENCE VOLUNTEER PROGRAM

AMERICAN PSYCHOLOGICAL ASSOCIATION

The Behavioral and Social Science Volunteer (BSSV) Program is a national HIV prevention technical assistance program directed by the American Psychological Association (APA) Office on AIDS.

The BSSV Program, funded by the Centers for Disease Control and Prevention (CDC), through a subcontract with the Academy for Educational Development (AED), has established a national network of behavioral and social science volunteers to assist with HIV prevention efforts in their communities.

This national network of psychologists, sociologists, anthropologists and public health experts is organized to offer free and ongoing technical assistance to community-based organizations (CBOs), health departments, and HIV prevention community planning groups (CPGs) that want state-of-the-science prevention for their community.

WHAT THE BSSV PROGRAM OFFERS VOLUNTEERS...

A chance:

- ♦ To apply science on the front lines
- ♦ To be a part of local HIV prevention efforts
- ♦ To give something back to the community
- ♦ To network with leading HIV prevention scientists
- ♦ To make a difference in the real world

WHAT THE BSSV PROGRAM OFFERS HEALTH DEPARTMENTS...

Assistance with:

- ♦ Expanding technical assistance to programs funded by health departments
- ♦ Integrating theory and research into requests for proposals (RFPs) for HIV programs
- ♦ Improving evaluation efforts
- ♦ Helping CBOs use evaluation results to improve their HIV programs

WHAT THE BSSV PROGRAM OFFERS CBOs...

Assistance with:

- ♦ Using behavioral and social theory to guide intervention development
- ♦ Defining goals and clarifying objectives
- ♦ Identifying elements of effective interventions
- ♦ Conducting formative research to guide intervention design
- ♦ Adapting proven interventions to new settings and new populations
- ♦ Improving evaluation efforts
- ♦ Writing grant proposals

WHAT THE BSSV PROGRAM OFFERS CPGS...

Assistance with:

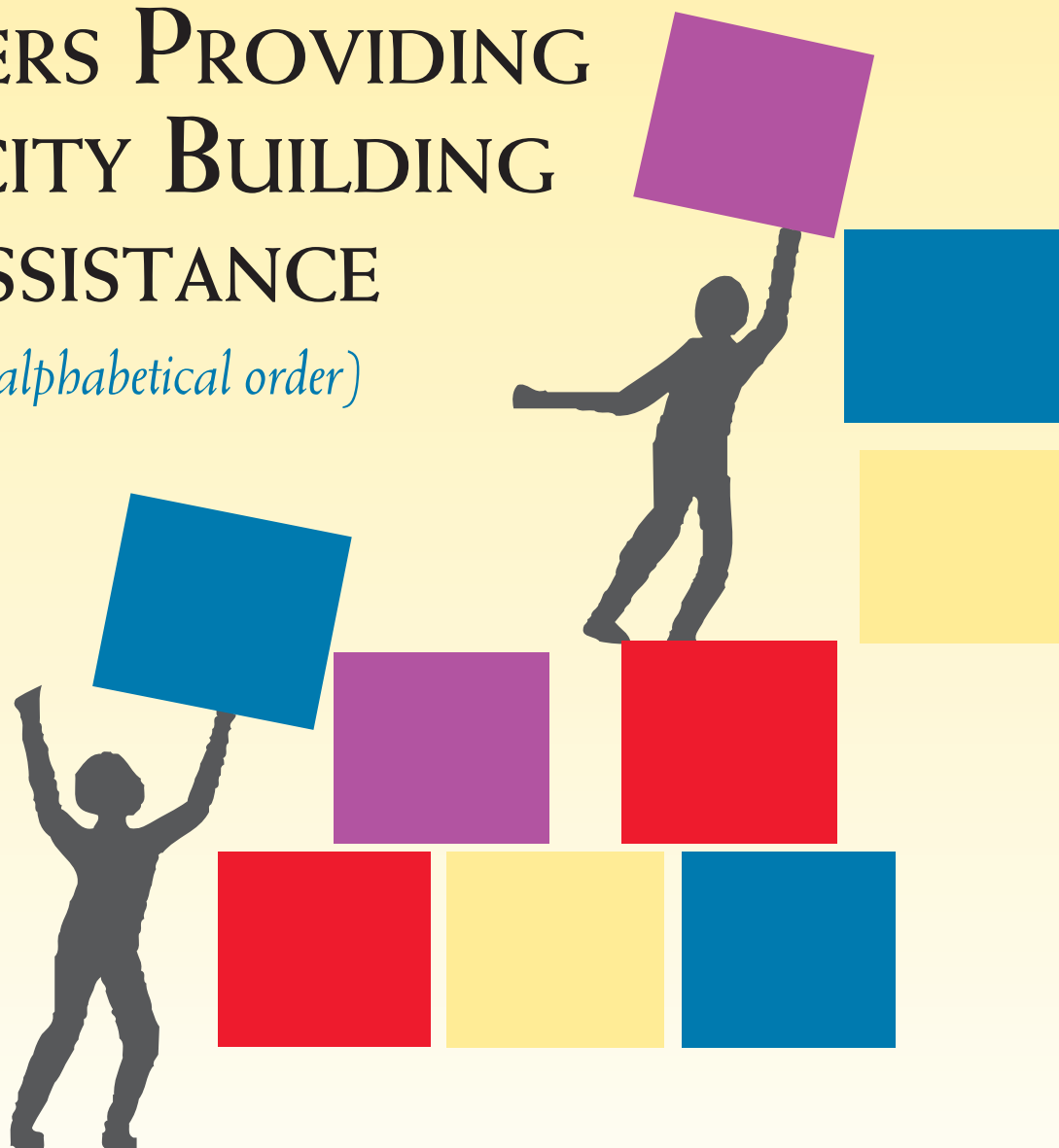
- ♦ Conducting needs assessments
- ♦ Assessing community norms and barriers to HIV prevention interventions
- ♦ Using theory and research to prioritize interventions and strategies
- ♦ Identifying effective interventions for priority populations at risk
- ♦ Evaluating the effectiveness and the relative cost-effectiveness of interventions
- ♦ Evaluating the community planning process

FOR MORE INFORMATION CONTACT...

BSSV Program Office
American Psychological Association
750 First St., N.E.
Washington, DC 20002-4242
Phone: 202.218.3993
Fax: 202.336.6198
E-mail: bssv@apa.org

NATIONAL AND REGIONAL NON-GOVERNMENTAL PARTNERS PROVIDING CAPACITY BUILDING ASSISTANCE

(in alphabetical order)





ARIZONA/MEXICO BORDER HEALTH FOUNDATION

FOCUS AREA 2 STRENGTHENING INTERVENTIONS FOR HIV PREVENTION

MISSION

The mission of the Arizona-Mexico Border Health Foundation (BHF) is to improve the health of people of the Americas by developing relationships and programming that impart knowledge, empower people, and maximize the use of resources while respecting diversity.

ORGANIZATIONAL HISTORY

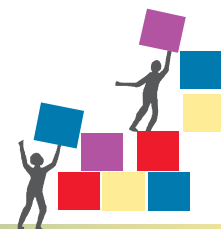
The Border Health Foundation was founded as a nonprofit organization in 1984 in response to growing concerns about health conditions at the international border between Arizona and Sonora, Mexico. It has provided technical assistance on substance abuse prevention since its establishment, and on HIV/AIDS since 1999. Recently, BHF has become increasingly involved in special projects that range from local and regional problem solving, to borderland and greater southwestern needs assessments, to the development of policy papers of national and international significance. BHF has extensive history serving ethnic minorities: 95 percent of its clients are Spanish-speaking Mexicans and Mexican-Americans; nearly three percent are Anglo/Caucasian; and two percent are Native American. BHF has played a major role in bi-national coalition building, supporting three community-based coalitions that provide an array of services to border communities.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- SAMHSA funded BHF's Border CAPT (Centers for the Application of Prevention Technologies) for six years to provide technical assistance on needs assessments, capacity building, substance abuse prevention, HIV prevention, evaluations, and many more areas to CBOs, health departments and other agencies along the 2,000-mile U.S.-Mexico border. BCAPT worked closely with grass-roots organizations and states as well as with universities in the U.S. and Mexico.
- BHF worked with Farm Workers Justice Fund as part of an overall Farm Worker Justice Women's initiative on AIDS. The prevention curriculum and promotora (lay health worker) outreach included leadership development, empowerment training, developing communication skills, and prevention and treatment for HIV/AIDS. Activities were evidence-based using pre-tests, post-tests and 6-month follow-ups.
- BHF's Family Strengthening (Entre Familia) is a five-year-old science-based program focusing on at-risk families, including youth, migrant farmworkers, welfare-to-work, and low-income housing residents. Entre Familia provides a 14-week curriculum aimed at reducing substance abuse and other risky behaviors.
- BHF serves as the fiscal agent for the Vecinos Coalition, a community-based substance abuse prevention coalition that was the first of its kind along the U.S.-Mexico border. The Vecinos Coalition brings together three community partnerships that are currently field offices for BHF: Juntos Unidos (United Together) in Santa Cruz County, Compañeros (Companions) in Cochise County, and Puentes de Amistad in Yuma County.

DESCRIPTION OF THE CBA PROJECT

BHF's CBA program is based on the principle that effective, sustainable and replicable prevention programs must be built on a strong theoretical foundation. Its model combines systems theory and value expectancy theory. As an "open system" the project is informed by multiple levels of expertise in addition to CDC: a Regional Advisory Council, 13 Statewide Advisory Councils, a large number of Community Advisory Councils, a pool of HIV prevention intervention experts, existing CBA providers in the Southern Region, and a comprehensive website. BHF is working with state



health departments and CBOs to identify the following in each diverse community served: populations at risk, problems requiring interventions, factors placing the population at risk, resources available for interventions, services provided, deliverables, immediate, intermediate and long-term impacts of the intervention.

GOALS OF THE CBA PROJECT

In cooperation with CDC, health departments and CBOs, BHF is directing CBA services and resources throughout the Southern Region aimed at incorporating HIV screening into routine medical care; creating new models for accurate diagnosis of HIV infection, including rapid testing; improving and expanding prevention services for people living with HIV; and decreasing the transmission of HIV from mother to child. BHF provides linguistic and cultural competence in addition to experience with providing technical assistance in HIV and substance abuse prevention to CBOs serving high-risk and needy racial/ethnic minorities.

COLLABORATING PARTNERS

- State of Louisiana Department of Health and Hospitals
- U.S.-Mexico Border Health Commission
- USDA Southwest Border Partnership
- HRSA Vision Fronteriza
- United States-Mexico Border Health Association

TARGET POPULATION

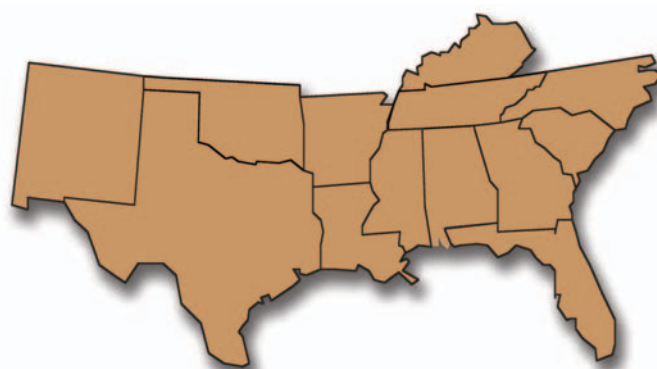
BHF is focusing on CBA for CBOs serving men who have sex with other men (MSM), people of color, women, youth, migrant workers, and individuals who are incarcerated.

GEOGRAPHICAL SERVICE AREA

Arizona-Mexico Border Health Foundation provides services in the Southern Region.

Contact BHF at:

Arizona-Mexico Border Health Foundation
3365 N. Campbell Avenue, Suite 141
Tucson, AZ 85719
Telephone: (877) 749-3727



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.



ASIAN AND PACIFIC ISLANDER AMERICAN HEALTH FORUM

FOCUS AREA 1 STRENGTHENING ORGANIZATIONAL INFRASTRUCTURE OF HIV PREVENTION

MISSION

Asian and Pacific Islander American Health Forum (APIAHF) seeks to improve the health status of Asians and Pacific Islanders through data, research, policy and advocacy, program development, information dissemination, and capacity building assistance.

ORGANIZATIONAL HISTORY

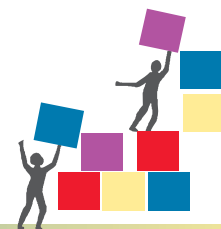
APIAHF is a national health advocacy organization for the Asian and Pacific Islander populations in the United States. Founded in 1986, APIAHF has offices in San Francisco, CA and Washington, DC. APIAHF has played a key leadership role in health policy regulations, guidelines, and federal programs relevant to Asians and Pacific Islanders, and has been a catalyst for numerous capacity building networks of these groups. The Asian and Pacific Islander populations are the fastest growing ethnic/racial group in the U.S. and expected to number more than 20 million people by 2020. For the past ten years, APIAHF has provided culturally and linguistically relevant CBA, materials development, and information dissemination that strengthened the Asian and Pacific Islander community's ability to provide HIV/AIDS services.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- APIAHF health advocacy resulted in the White House Initiative on Asian Americans and Pacific Islanders and Executive Order 13216 (improvement of the quality of life for Asian and Pacific Islanders).
- APIAHF led efforts to develop strong federal policy guidelines promulgated to ensure equal access to programs for individuals with limited English speaking skills (Executive Order 13166).
- APIAHF efforts resulted in improvements to the Healthy People 2010 initiative of the Department of Health and Human Services that recognized gaps in Asian and Pacific Islander data.
- APIAHF organized national and regional conferences, institutes and activities such as the Asian and Pacific Islander Institute at the Community Planning Leadership Summit and the Asian Pacific Islander Women's HIV/AIDS Network Meeting and the East Coast Asian AIDS Network conference. APIAHF also convened the National Asian and Pacific Islander Youth Working Group and Pacific Islander Jurisdictions AIDS Action Group Planning and Development Meeting.
- APIAHF has provided services in Focus Area 1 for more than three years, and has provided targeted CBA for Asian and Pacific Islanders since 1993.

DESCRIPTION OF THE CBA PROJECT

The project is providing infrastructure development CBA nationally to (CDC-funded CBOs, health departments, health ministries and CBOs in the six Pacific Island jurisdictions). The CBA is aimed at helping organizations build and sustain their infrastructure in order to address new HIV/AIDS cases, adapt to new technologies such as rapid testing and new policies such as CDC's Advancing HIV Prevention, and implement services tailored to unique populations. Delivery mechanisms include technical consultation and services, peer-to-peer cohorts for learning among staff and leadership, skills building, technology transfer, and information dissemination.



GOALS OF THE CBA PROJECT

The goal of this project is to increase CBO capacity by providing culturally and linguistically competent services reaching high-risk populations; facilitating organizational adjustments such as changes in leadership, staff or funding; developing culturally appropriate assessments and work plans; addressing unique needs of Pacific Island jurisdictions; and engaging in organizational development.

COLLABORATING PARTNERS

- Asian & Pacific Islander Coalition on HIV/AIDS
- Asian Health Coalition of Illinois
- Asian Pacific AIDS Intervention Team
- Hawaii Multicultural HIV Resource Project

TARGET POPULATION

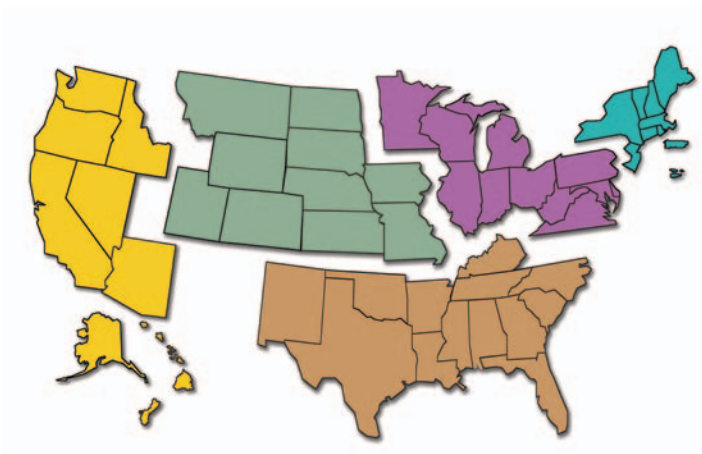
Services are targeted to organizations that serve Asian and Pacific Islander populations who are at risk for or living with HIV/AIDS.

GEOGRAPHICAL SERVICE AREA

APIAHF provides services in all regions.

Contact APIAHF at:

Asian and Pacific Islander American Health Forum
450 Sutter Street, Suite 600
San Francisco, CA 94108
Telephone: (415) 568-3307
Web address: www.apiahf.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.



ASIAN AND PACIFIC ISLANDER AMERICAN HEALTH FORUM

FOCUS AREA 4 **STRENGTHENING COMMUNITY PLANNING FOR HIV PREVENTION**

MISSION

Asian and Pacific Islander American Health Forum (APIAHF) seeks to improve the health status of Asians and Pacific Islanders through data, research, policy and advocacy, program development, information dissemination, and capacity building assistance.

ORGANIZATIONAL HISTORY

APIAHF is a national health advocacy organization for the Asian and Pacific Islander populations in the United States. It was founded in 1986, and has offices in San Francisco, CA and Washington, DC. APIAHF has played a key leadership role on health policy regulations, guidelines, and federal programs relevant to Asians and Pacific Islanders, and has been a catalyst for numerous capacity building networks of these groups. The Asian and Pacific Islander population is the fastest growing ethnic/racial group in the U.S. and expected to number more than 20 million people by 2020.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- APIAHF health advocacy resulted in the White House Initiative on Asian Americans and Pacific Islanders and Executive Order 13216 (improvement of the quality of life for Asian and Pacific Islanders).
- APIAHF efforts led to develop strong federal policy guidelines to ensure equal access to programs for individuals with limited English (Executive Order 13166)
- APIAHF efforts resulted in improvements to the Healthy People 2010 initiative of the Department of Health and Human Services that recognized gaps in Asian and Pacific Islander data.
- APIAHF organized national and regional conferences, institutes and activities such as the Asian and Pacific Islander Institute Community Planning Leadership Summit, Asian and Pacific Islander Women's HIV/AIDS, Network Meeting, and the East Coast Asian AIDS Network Summit
- APIAHF convened national networks such as the National Asian and Pacific Islander Youth Working Group and Pacific Islander Jurisdictions AIDS Action Group Planning and Development Meeting.

DESCRIPTION OF THE CBA PROJECT

APIAHF's aspire CBA program is aimed at changing four conditions: Asians and Pacific Islanders are not prioritized by community planning groups (CPGs); the current CPG guidance for the mainland is not relevant for the Pacific region; Asians and Pacific Islanders are under-represented in state and local CPGs; and health departments and CPGs do not often request CBA related to Asian and Pacific Islanders. ASPIRE uses a multi-level CBA approach including skills building training, technical consultation and services, technology transfer, and information dissemination targeted at five distinct consumer groups: health department and CPGs; health departments, health ministries, and CPGs in the U.S.-affiliated Pacific jurisdictions; potential or new CPG members; intermediate CPG members; and experienced CPG members. In addition to responding to CBA requests from the 65 jurisdictions, ASPIRE solicits CBA requests from communities with the largest Asian and Pacific Islander populations. For the Pacific jurisdictions, ASPIRE is developing a new culture-specific model of community planning.



GOALS OF THE CBA PROJECT

- Increase awareness of Asian and Pacific Islander community issues and/or data among 70% of health departments/CPGs receiving CBA. There is widespread misconception regarding the low extent of HIV/AIDS prevalence among all Asian and Pacific Islander populations.
- Increase capacity of each Pacific Island jurisdiction health department/ministry and/or CPG to implement the new CPG model for the Pacific. The project recognizes heightened challenges and needs in the Pacific.
- Increase parity, inclusion and representation of Asians and Pacific Islanders among 80% of training participants on their respective CPGs.
- Witness a 25% increase in Asian and Pacific Islander-related CBA requests from health departments and CPGs.

COLLABORATING PARTNERS

- Asian and Pacific Islander Coalition on HIV/AIDS-New York City, NY
- Asian Health Coalition of Illinois-Chicago, IL
- Asian Pacific AIDS Intervention Team-Los Angeles, CA
- Hawaii Multicultural HIV/AIDS Resource Project-Honolulu, HI

TARGET POPULATION

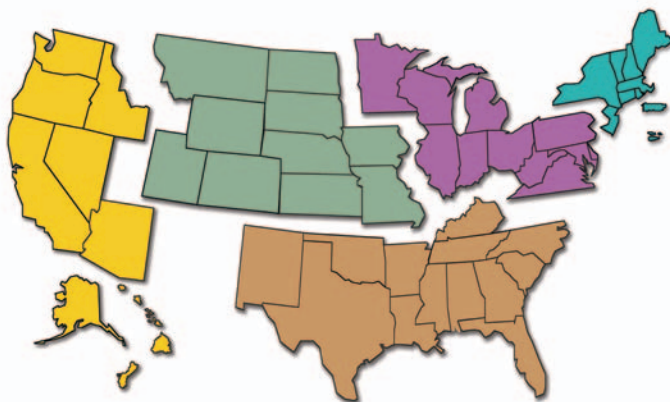
APIAHF provides assistance to CPGs, health departments/ministries, stakeholders serving Asian and Pacific Islander communities, Asian and Pacific Islander men who have sex with men, drug users, women, and transgender persons.

GEOGRAPHICAL SERVICE AREA

APIAHF provides services in all regions including the Pacific Islands.

Contact APIAHF at:

Asian and Pacific Islander American Health Forum
450 Sutter Street, Suite 600
San Francisco, CA 94108
Telephone: (415) 568-3307
Web address: www.apiahf.org/programs/hivcba.html



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.



ASIAN AND PACIFIC ISLANDER WELLNESS CENTER

FOCUS AREA 2 STRENGTHENING INTERVENTIONS FOR HIV PREVENTION

MISSION

The mission of Asian and Pacific Islander (A&PI) Wellness Center is to educate, support, empower and advocate for Asians and Pacific Islanders, particularly those living with or at risk for HIV/AIDS.

ORGANIZATIONAL HISTORY

The A&PI Wellness Center was formed by the merger of the two leading Asian and Pacific Islander HIV/AIDS service organizations in San Francisco: the Asian AIDS Project and the Living Well Project. The Asian AIDS Project began in 1987 as a project of the Asian American Recovery Services, and was the first program in the United States to provide HIV/STD health education/risk reduction services targeting the Asian and Pacific Islander (A&PI) community. Living Well, also established in 1987, became the first gay-identified A&PI HIV/AIDS program in the country and the first to provide volunteer support, case management, and mental health to A&PIs living with HIV/AIDS.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- The A&PI Wellness Center and its partners have a ten-year track record in delivering CBA related to strengthening HIV interventions for Asians and Pacific Islanders. Examples of capacity building assistance have included organizational/program development and evaluation, community mobilization and planning, technology transfer, and creation of research databases on A&PIs' HIV/AIDS issues.
- A&PI Wellness Center pioneered the development of the Treatment Education and Case Management model for HIV-infected clients. The model won mayoral commendation and has been used in several communities.
- The Health Resources and Services Administration funded A&PIs to develop and disseminate The Clinician's Guide to Working with Asians and Pacific Islanders Living with HIV.

DESCRIPTION OF THE CBA PROJECT

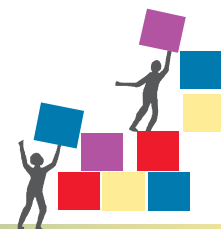
A&PI Wellness Center's national CBA program, The Fa'avae Project offers a nationally coordinated, comprehensive multi-level approach to adapting, diffusing, implementing and evaluating HIV interventions for A&PIs across the U.S. and Pacific jurisdictions. *Fa'avae* is a Samoan word meaning foundation or lay the foundation. The word's spirit signifies strengthen or come together. Grounded in client-centeredness, collaboration, and cultural competency, The Fa'avae Project provides national and regional skills building trainings, tailored one-to-one CBA services to improve the capacity of CBOs health departments, and health ministries to provide effective HIV prevention intervention programs, and culturally competent information and technology transfer. A national program is appropriate because there are fewer than 25 A&PI CBOs across the continental U.S. and Pacific Island jurisdictions focusing on HIV/AIDS.

GOALS OF THE CBA PROJECT

The Fa'avae Project builds supportive peer networks and assures cost-effectiveness in development, replication and dissemination of information and best practices technology.

The goals for this project are:

- Establishment of partnerships between CBA providers and consumers, and relationships among CBOs, health departments, and medical providers



- Provision of culturally competent, effective HIV prevention interventions to high-risk and HIV-infected A&PIs
- Individual and community access to and retention of HIV prevention, testing, and care services

COLLABORATING PARTNERS

- Asian Health Coalition of Illinois (Chicago, IL)
- Asian Pacific AIDS Intervention Team (Los Angeles, CA)
- Hawaii Multicultural HIV/AIDS Resource Project (Honolulu, HI)
- Asian and Pacific Islander American Health Forum (San Francisco, CA)
- Massachusetts Asian & Pacific Islander (MAP) for Health (Boston, MA)

TARGET POPULATION

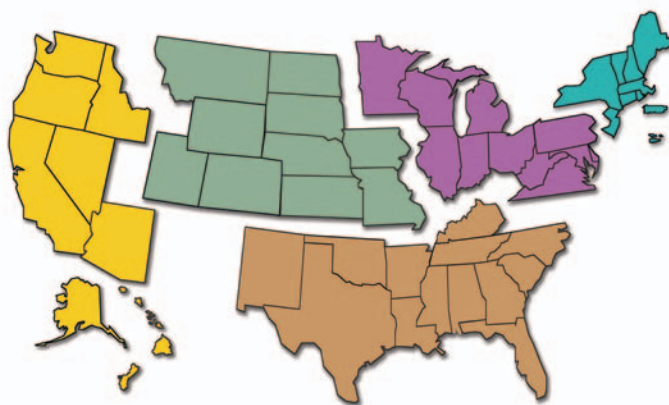
The A&PI Wellness Center provides services to CBO's, health departments and health ministries providing HIV/STD services to Asian, Native Hawaiian and other Pacific Islander populations.

GEOGRAPHICAL SERVICE AREA

Services cover the continental United States, Hawaii, and the six U.S. Pacific Island jurisdictions.

Contact the A&PI Wellness Center at:

Asian and Pacific Islander Wellness Center
730 Polk Street, Fourth Floor
San Francisco, CA 94109
Telephone: (415) 292-3400
Web address: www.apowellness.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.



ASIAN AND PACIFIC ISLANDER WELLNESS CENTER

FOCUS AREA 3 STRENGTHENING COMMUNITY ACCESS TO AND UTILIZATION OF HIV PREVENTION SERVICES

MISSION

The mission of Asian and Pacific Islander (A&PI) Wellness Center is to educate, support, empower and advocate for Asians and Pacific Islanders, particularly those living with or at risk of HIV/AIDS.

ORGANIZATIONAL HISTORY

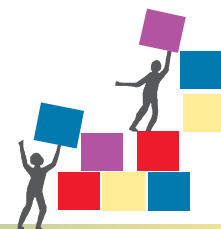
The API Wellness Center was formed by the merger of the two leading Asian and Pacific Islander HIV/AIDS service organizations in San Francisco: the Asian AIDS Project and the Living Well Project. The Asian AIDS Project began in 1987 as a project of the Asian American Recovery Services, and was the first program in the United States to provide HIV/STD health education/risk reduction services targeting the Asian and Pacific Islander (A&PI) community. Living Well, also established in 1987, became the first gay-identified A&PI HIV/AIDS program in the country and the first to provide volunteer support, case management and mental health services to A&PIs living with HIV/AIDS.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- The A&PI Wellness Center and its partners have a ten-year track record in delivering CBA related to strengthening HIV interventions for Asians and Pacific Islanders. Types of assistance have included organization/program development and evaluation, community mobilizing and planning, research technology transfer, and creation of research databases on A&PIs' HIV/AIDS issues.
- A&PI Wellness Center pioneered development of the Treatment Education and Case Management model for HIV-infected clients. It won mayoral commendation and has been used in several communities.
- The Health Resources and Services Administration funded A&PI to develop and disseminate *The Clinician's Guide to Working with Asians and Pacific Islands Living with HIV*.
- A&PI Wellness Center partnered with the Jade Ribbon Campaign and has worked closely with the Asian Liver Center to integrate messages about risk factors for HIV and Hepatitis B.
- In June 2000, A&PI Wellness Center initiated the E'Welina Project involving HIV prevention marketing, mobile testing, and services linkages designed to increase HIV/STD testing and support services for A&PI gay/bisexual men, queer youth, and transgender persons in the San Francisco area. Magnet events were promoted through multiple Asian and Pacific Islander languages.

DESCRIPTION OF THE CBA PROJECT

The Banyan Tree Project is a national, community-level, structural intervention aimed at reducing HIV/AIDS-related stigma and increasing awareness of A&PI communities through: (1) developing national and regional leadership among popular opinion leaders in A&PI communities living with or at risk of HIV; (2) educating and sensitizing the media about HIV and A&PI high-risk groups to reduce stigma and increase use of HIV prevention services; and (3) enhancing cultural competency of service providers to improve access to services for A&PIs living with and at-risk for HIV in routine health care settings.



GOALS OF THE CBA PROJECT

Through the Banyan Tree's CBA project, A&PI Wellness Center aims to improve social acceptance of A&PI populations at risk for or living with HIV; capacity and partnerships among HIV stakeholders and the media to promote fair and sensitive representations of at-risk A&PI populations; and organizational linkages and resources to deliver HIV prevention intervention services that are culturally appropriate and linguistically accessible for A&PIs in routine medical settings.

COLLABORATING PARTNERS

The Asian and Pacific Islander Wellness Center works with the following partners to achieve its mission:

- Asian Health Coalition of Illinois (Chicago, IL)
- Asian and Pacific Islander AIDS Intervention Team (Los Angeles, CA)
- Hawai'i Multicultural HIV/AIDS Resource Project (Honolulu, HI)
- Asian and Pacific Islander American Health Forum (San Francisco, CA)
- Massachusetts Asian and Pacific Islander (MAP) for Health (Boston, MA)

TARGET POPULATION

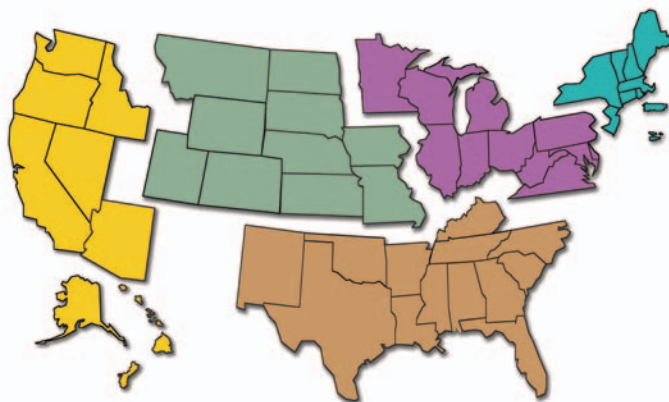
The A&PI Wellness Center provides services to CBOs, Health Departments and Health Ministries providing HIV/STD services to Asian, Native Hawaiian and other Pacific Islander populations.

GEOGRAPHICAL SERVICE AREA

Services cover the continental United States, Hawai'i and the six U.S. Pacific Island jurisdictions.

Contact the A&PI Wellness Center at:

Asian and Pacific Islander Wellness Center
730 Polk Street, Fourth Floor
San Francisco, CA 94109
Telephone: (415) 292-3400
Web address: www.apiwellness.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.



THE BALM IN GILEAD

FOCUS AREA 3 **STRENGTHENING COMMUNITY ACCESS TO** **AND UTILIZATION OF HIV PREVENTION SERVICES**

MISSION

The Balm In Gilead, Inc., is a nonprofit, non-governmental organization with an international mission to stop the spread of HIV/AIDS throughout the African Diaspora by building the capacity of faith communities to provide services, HIV/AIDS education and to build support networks for all people living with and affected by HIV/AIDS.

ORGANIZATIONAL HISTORY

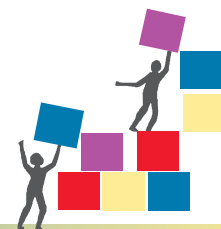
The Balm In Gilead is a secular organization with a primarily faith-based constituency in multiple states. Its constituency is composed of churches of historically Black religious denominations, local, state, and national public health organizations, and CBOs in states throughout the United States that seek to engage African-American churches in HIV/AIDS prevention programs. The Balm In Gilead has an informal network of thousands of Black churches and remains the only faith-related organization in the nation dedicated exclusively to empowering Black churches in the struggle against the devastation of HIV/AIDS in African-American communities.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- In 2003, The Balm In Gilead successfully established nine national coordinating HIV/AIDS offices within the existing structures of Catholic, Protestant and Islamic national headquarters within five African countries.
- The Balm In Gilead sponsored three worldwide conferences for faith leaders establishing the first intercontinental network of African faith leaders addressing HIV/AIDS in the African Diaspora.
- The Balm In Gilead has a fifteen-year track record of visibility and collaboration with Black churches, AIDS service organizations, CBOs, government agencies, funding sources and corporate partners.
- The Balm In Gilead has increased its church affiliation in the United States from 50 to 15,000 institutions within a period of 15 years.
- The Balm In Gilead has engaged thousands of churches to become leaders in preventing HIV by providing comprehensive educational programs and offering compassionate support to encourage those infected to seek and maintain treatment.
- In 2000, The Balm In Gilead expanded the concept of an annual National Testing Day, organized in 1994 by CDC and the National Association of People with AIDS, to a month-long campaign called, "Our Church Lights the Way: The Black Church HIV Testing Campaign." Marketing efforts through The Balm In Gilead's "The Black Church Says: Get Tested!" reached 352 television stations in ten African-American markets with culturally competent ads that were expressive of Black culture.

DESCRIPTION OF THE CBA PROJECT

Using the target goal and dates for eliminating disparities contained in Healthy People 2010, The Black Church HIV Testing Campaign addresses multiple threats of HIV prevention and access to prevention services, sexually transmitted diseases, Hepatitis C and tuberculosis through an expanded community mobilization model, "Our Church Lights the Way: The Black Church HIV Testing Campaign." The expanded model features partnerships and collaborations among Black faith organizations, state and local departments of health, medical and social service providers, and community-based organizations. As a call from African-American pulpits to the community at large to get tested for HIV/AIDS, the



program aims at (1) leveraging the influence of the Black church in mobilizing communities; (2) providing technical support to African-American faith-based organizations, African-American CBOs, directly and indirectly funded CBOs, and health departments, and (3) increasing the cultural competency of CBOs, public health professionals, and other service providers to work with the Black faith community.

GOALS OF THE CBA PROJECT

The goal of this project is to create a model community engagement initiative grounded in the core principles of HIV prevention. The Balm In Gilead, Inc. will implement “Our Church Lights The Way” initiative, is designed to increase the capacity of African American churches, CDC-funded CBOs, Health Departments and other key community stakeholders to initiate, encourage and support HIV education and prevention activities, particularly testing. This collaborative community mobilization initiative will become an effective sustainable force in stopping the spread of HIV/AIDS within the African American community.

The project includes a rigorous planning cycle aimed at demonstrating that community engagement must be ongoing, along with continuous improvement based on successful outcomes. The Balm In Gilead will provide technical assistance support to CDC-funded CBOs indirectly funded CBOs, state and local health departments, in the area of technical training and collaborative partnerships development with African American faith communities to increase HIV testing within the African American community. The Balm In Gilead’s assets-based CBA project acknowledges community resources, knowledge and strengths.

The specific objectives of the project are to:

- Sustain and build partnership with CDC-funded CBOs , AIDS service organizations, state and local health departments to work with African American churches in educating high-risk populations to be tested for HIV;
- To support the establishment of faith-based testing sites in the five regions of the country, beginning with the North, South and Mid-East regions year 01 and 02.

COLLABORATING PARTNERS

The Balm In Gilead has established partnerships with over 17 national church denominations and 77 US-based CBOs including AIDS service organizations, public health departments, civic organizations and the media. In addition, The Balm In Gilead collaborates with the following organizations to achieve its mission:

- National Alliance of State and Territorial AIDS Directors
- National Minority AIDS Council
- Mailman School of Public Health at Columbia University

TARGET POPULATION

The Balm In Gilead’s primary CBA consumers include: African-American faith-based organizations, African-American CBOs, directly and indirectly funded CBOs, and health departments which ultimately targets high-risk subgroups: MSM, intravenous drug users, women, and high-risk youth defined as African-American.

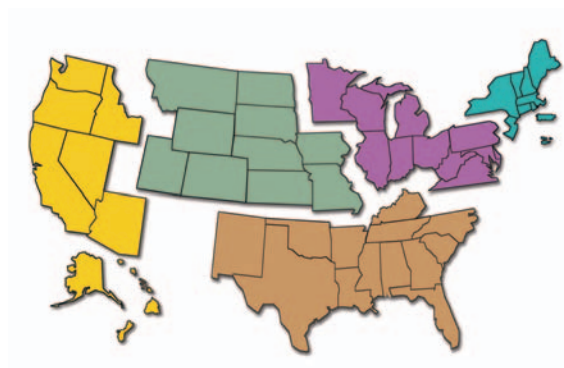


GEOGRAPHICAL SERVICE AREA

The Balm In Gilead provides CBA services in all Regions to faith organizations working with at-risk African-American communities.

Contact the organization at:

The Balm In Gilead
130 West 42nd Street
New York, NY 10036
Telephone: (212) 730-7381
Web address: www.balmingilead.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.



FOCUS AREA 3 STRENGTHENING COMMUNITY ACCESS TO AND UTILIZATION OF HIV PREVENTION SERVICES

MISSION

The mission of the Black AIDS Institute is to provide a wide array of activities and strategies to fight AIDS among people of African descent.

ORGANIZATIONAL HISTORY

Formerly called the African American AIDS Policy and Training Institute, the Institute was founded in 1999 by Phil Wilson, a person living with AIDS and Dr. Diana Williamson, an infectious disease doctor with a large medical practice serving African-Americans. It was the first African-American HIV/AIDS think tank in the United States aimed to mobilize Black institutions and individuals to combat the HIV/AIDS pandemic in local communities. The Black AIDS Institute develops public and private sector policy, conducts trainings, offers technical assistance, disseminates information and provides advocacy from a uniquely Black point of view.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- The Institute has longstanding relationships with and support from the majority of traditional Black organizations in America including the National Association for the Advancement of Colored People, SCLC, Rainbow Push, National Urban League, Delta Sigma Theta Sorority, etc.
- Development of Heroes in the Struggle, a traveling photography exhibit featuring leaders in the fight against HIV/AIDS in Black communities launched on World AIDS Day, December 1, 2001. Traveling to museums, Black colleges and universities, and similar venues, it has raised awareness and generated needed discussion in ten cities across the U.S.
- Convening of 50 African-American Town Hall Meetings bringing together Prevention Fellows, local and national leaders, members of Congress member and advocates to discuss AIDS policy issues.
- Publication of a bimonthly newsletter, Kujisource, with a distribution of 25,000, and a semi-annual Drumbeat, reaching nearly 300,000 readers per issue.
- Creation of a website (www.blackaids.org) and by African Americans addressing the multifaceted issues related to HIV/AIDS.

DESCRIPTION OF THE CBA PROJECT

The Black AIDS Institute is adapting and expanding its African-American HIV University (AAHU) Treatment Fellowship to implement an AAHU Prevention Fellows program. The program is a replicable 2-year prevention education training and internship program which aims to increase the quantity and quality of HIV prevention educators in African-American communities through center-based training in Los Angeles along with self-directed studies and internships in communities of the fellowship. Each Prevention Fellow is associated with two community-based organizations, an HIV/AIDS service provider, and a separate entity focusing on service delivery to the African-American community.

The African American HIV University model will provide training to increase skills and knowledge that will strengthen Fellows' ability to build the capacity of CBOs for the delivery of prevention services. By building and creating a network of trained African American prevention educators, the prevention intervention capacities of collaborating CBOs will be strengthened. This model is taken from the philosophy that when people understand the science of HIV/AIDS, they are



better equipped to protect themselves and their partners from HIV, better able to adhere to their medical regimen (if they have HIV) and are better able to access prevention services in their local communities.

GOALS OF THE CBA PROJECT

The Black AIDS Institute will strengthen the capacity of African American CBOs by utilizing its African American HIV University model to train and build a national network of comprehensively trained Black HIV prevention educators. The goal of the AAHU two-year prevention education training and internship program is to increase the quantity and quality of HIV prevention educators in African American communities. Internships will promote the implementation of skills and knowledge learned into their communities, increase network activities, and engage networks in conducting activities that promote increase in access and utilization of HIV prevention services.

COLLABORATING PARTNERS

- Chicago Health Department
- Department of Public Health San Francisco Southeast Health Clinic
- Houston Health Department
- Illinois State Health Department
- Oakland Health Department
- African-American Alliance National HIV/AIDS Partnership, A Collaboration with CDC
- National Institutes of Health, AIDS Division

TARGET POPULATION

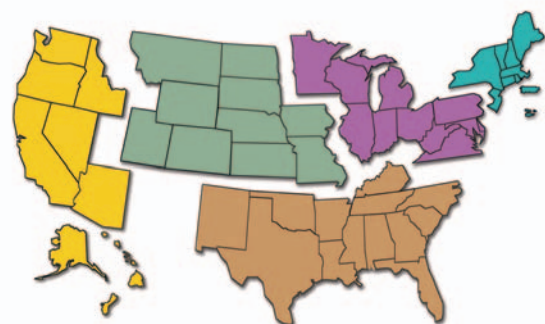
Activities are focused on community-based AIDS services organizations and traditional Black CBOs serving African-Americans at high risk for HIV infection or living with HIV in New York, Newark, Chicago, Dallas, Detroit, Atlanta, Cleveland, Cincinnati, San Francisco, Oakland and Los Angeles.

GEOGRAPHICAL SERVICE AREA

The Black AIDS Institute provides services in all regions.

Contact the Institute at:

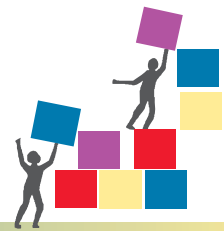
The Black AIDS Institute
1833 W. 8th Street, Suite 200
Los Angeles, CA 90057
Telephone: (213) 353-3610
Web address: www.blackaids.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.

COLORADO STATE UNIVERSITY

TRI-ETHNIC CENTER



FOCUS AREA 3

STRENGTHENING COMMUNITY ACCESS TO AND UTILIZATION OF HIV PREVENTION SERVICES

MISSION

The Tri-Ethnic Center is administratively located within Colorado State University's Department of Psychology, College of Natural Sciences. It conducts research and provides capacity building assistance (CBA) to address substance abuse, cultural issues, health disparities, HIV/AIDS, anger, violence, rural issues, community readiness and school dropout issues.

ORGANIZATIONAL HISTORY

Colorado State University's Tri-Ethnic Center (TEC) has more than three decades of involvement in research, capacity building, and program development concerning Native people residing on and off reservations in rural, urban and remote village areas. TEC's work has included the study of and technical assistance and capacity-building assistance to communities on HIV prevention, drug use, methamphetamine use, inhalant use, delinquency, school dropout issues, violence, victimization, and other health and social issues. TEC's CBA model, the Community Readiness Model integrates the strength and resiliency of tribes as the basis from previous work with over 100 tribes and villages. TEC is committed to ensuring that any project conducted within a community directly benefits that community, both in the long- and short-term.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- TEC has worked with Native communities for over 30 years to create positive, healthy community change. Many Native communities have embraced the Community Readiness Model and applied it successfully to other social issues.
- TEC conducted NIDA-funded research to examine readiness for HIV/AIDS prevention in multicultural settings.
- In addition to curricula, books authored by the TEC Co-Project Director include *Killing us Quietly*, concerning AIDS in Native American communities, and *The Native American AIDS Video Resource Manual*.
- Dr. Pamela Jumper-Thurman, who will lead this project, has provided along with Dr. Barbara Plested, technical assistance to over 300 rural and ethnic minority communities.
- TEC has a long history of developing and testing media to accomplish communication goals.

DESCRIPTION OF THE CBA PROJECT

TEC's CBA project is using the Community Readiness Model to enhance the capacity of CBOs and other community and tribal stakeholders to implement strategies that increase access to and use of HIV prevention/intervention, risk reduction and avoidance services by Native Americans and Alaska Natives. The Model includes assessments, training, workshops, social marketing, evaluation, action planning, and follow-up components. In Native communities, use of services is hindered not only by stigma and fear but by health problems, limited economic opportunities, poverty, social and political circumstances, high-risk behaviors regarding alcohol and substance abuse, and a host of other issues. Approaches to effective prevention must also consider factors unique to Two-Spirit MSM people. TEC's Community Readiness Model nine-stage multidimensional approach addresses the need to assess and respond to a community's readiness for change by answering questions concerning current efforts, community awareness of efforts, leadership, community climate, knowledge of the issue and current existing resources.



GOALS OF THE CBA PROJECT

The Tri-Ethnic Center aims to provide CBA to community-based organizations serving Native American people for the purpose of strengthening their HIV/AIDS prevention and intervention efforts. Specific goals include: assessing gaps, training in the use of the Community Readiness Model, increasing the proportion of HIV-infected individuals who know they are infected, increasing the proportion of HIV-infected people linked to support and treatment and decreasing the number of Native people at high-risk for acquiring or transmitting HIV.

COLLABORATING PARTNERS

A partial list of partners includes:

- National Native American AIDS Prevention Center
- Alaska Native Health Board
- Indian Health Service, Nashville Area Office
- Galena Suicide Prevention Coalition
- Western Washington University
- Rocky Mountain Center for Health Promotion and Education
- Santa Fe Indian School
- Native American Pathways
- The Children's Hospital of Oklahoma, Health Sciences Center
- White Bison
- Choctaw Nation of Oklahoma
- San Francisco State University, Cesar E. Chavez Institute
- Lifelines Foundation, Community Native American Indian Program
- South Dakota Department of Human Services
- Denver Indian Family Resource Center
- Michigan Inter-Tribal Council
- Navajo AIDS Network, Inc.
- Seattle Indian Health Board
- North American Indian Center of Boston
- Indigenous Nations HIV/AIDS Conference
- National Minority AIDS Council
- Native People Helping Native People

TARGET POPULATION

TEC targets CBOs serving Native Americans and Alaska Natives at risk for or living with HIV/AIDS.

GEOGRAPHICAL SERVICE AREA

Tri-Ethnic Center at Colorado State University provides services in all Regions.

Contact Tri-Ethnic Center at:

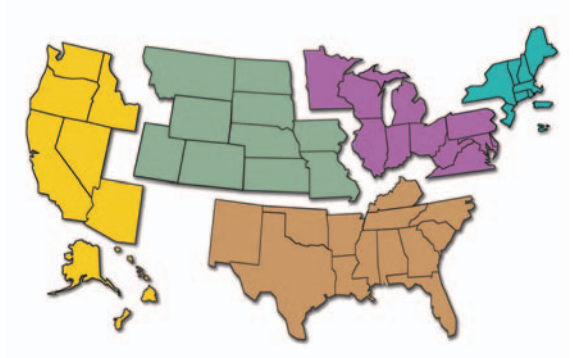
Tri-Ethnic Center

100 Sage Hall

Fort Collins, CO 80523-1879

Telephone: (970) 491-7902

Web address: www.TriEthnicCenter.Colostate.edu



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918



FOCUS AREA 3

STRENGTHENING COMMUNITY ACCESS TO AND UTILIZATION OF HIV PREVENTION SERVICES

MISSION

Community Health Outreach Workers fosters collaborative efforts among organizations serving populations at risk to exchange information and participate in joint efforts, regarding HIV/AIDS, sexually transmitted infections, and other community health issues.

ORGANIZATIONAL HISTORY

CHOW was founded in 1990 as a statewide coalition of prevention outreach workers from various organizations in Michigan. CHOW provides advocacy, risk awareness, prevention intervention, and education to organizations serving populations at risk due to drug use, sexual behavior, homelessness, poverty or mental impairment. In addition, CHOW involves prevention outreach workers in intervention design, implementation, marketing, and evaluation. CHOW's target population is particularly marginalized and would be more disenfranchised without CBA. CHOW's CBA services have ensured fidelity to cultural, gender, environmental, social and linguistically diverse characteristics of CBA consumers.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- CHOW sustains three distinct coalitions of professionals: LINKS (Linking Individuals to Networks for Knowledge and Services), MAAMUAA (Midwest African-American Men United Against AIDS), and POWERSET (Prevention Outreach Worker Coalition). Members collaborate in identifying and designing prevention approaches to community health issues; reviewing program progress; exchanging resources; and conducting joint outreach programs, community events, and trainings. Results of these collaborations on CBA include development of numerous guidance documents for prevention providers.
- Under CHOW's guidance, coalition members convene an annual health fair during which agencies come together to provide a warm meal, clothing, personal care items, and health screening to members of Michigan's predominantly African-American priority HIV prevention populations. Held annually since 1992, the health fairs are held in areas known to be disproportionately affected by HIV, homelessness, mental illness, and prostitution.
- CHOW is a direct recipient of funding from CDC's Community Coalition Development Projects to design and implement: a collaborative system of prevention services inclusive of HIV, STD, TB, substance abuse and mental health providers within Detroit; needs assessments and recommendations for core competencies of direct service personnel; and quality standards for consumer intake, assessment, and service referral.
- The successful LINKS program, encompassing 34 member agencies, stakeholders and HIV-infected and -affected community members, affords CHOW with valuable insight into competency skills most needed for effective access to and use of HIV services.
- The LINKS Referral tracking system—a key component of LINKS' network—has enabled 4,397 clients to access services related to HIV, STD, TB substance abuse, and ancillary needs such as transportation, entitlements, food, etc.



DESCRIPTION OF THE CBA PROJECT

The CHOW Access and Utilization CBA Program is based on the LINKS Program model originally developed by CHOW. It incorporates complimentary aspects of the Coalition Development, Referral Development, Social Marketing and MAPP models, and facilitates access to and use of other services related to STDs, blood-borne diseases and tuberculosis. Learning modules and curricula accompany each area to promote development of a skills base of measurable competencies and continuous monitoring and refinement. Through acquired skills, CBA consumers will be able to influence and ameliorate conditions most affecting use of HIV prevention services by African-Americans.

GOALS OF THE CBA PROJECT

CHOW aims to address and strengthen competencies of CBOs and other community stakeholders within key areas of coalition development, marketing and referral development. Strengthening these competencies will enhance the capacity of CBOs to implement strategies that increase access to and use of HIV risk reduction services for African-American persons living with HIV/AIDS, their partners and others at high-risk for HIV infection.

COLLABORATING PARTNERS

- Infinity Project
- Goodwill Industries
- Parkview Counseling
- Men of Color
- Acupuncture Treatment Concepts
- Ruth Ellis Center
- Health Care for the Homeless
- African American Lesbian and Gay Alliance
- The Miracle Makers
- Detroit Community Health Connection
- Community Health Awareness Group
- Brothers Uplifting Brothers

TARGET POPULATION

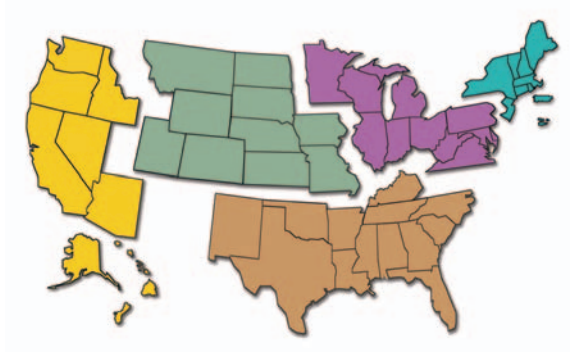
CHOW targets its CBA services at CBOs with African-American clients at risk of or living with HIV or AIDS, high-risk youth, MSM and their partners

GEOGRAPHICAL SERVICE AREA

Community Health Outreach Workers, Inc. provides national services with a focus in the Mid-East region.

Contact CHOW at:

Community Health Outreach Workers, Inc.
2727 Second Avenue, Suite 300
Detroit, MI 48201
Telephone: (313) 963-3352
Web address: www.chowlinks.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.



FOCUS AREA 3 STRENGTHENING COMMUNITY ACCESS TO AND UTILIZATION OF HIV PREVENTION SERVICES

MISSION

The Council of Community Clinics (CCC) supports the work of and promotes effective service delivery by community clinics through technical assistance and training, information exchange and networking opportunities.

ORGANIZATIONAL HISTORY

CCC is a private, nonprofit association founded in 1977. Composed of 17 community health center organizations operating more than 75 primary care sites throughout San Diego and Imperial counties in California, CCC's shared services to member clinics include HIV prevention technical assistance and social marketing, advocacy, technical services, and quality improvement. CCC's HIV Prevention Program has provided services since 1987 through The Resource Assistance Collaborative (TRAC) program, which has earned a national reputation for developing successful social marketing campaigns relevant to diverse micro-targeted communities. Social Marketing is defined as "a process for influencing human behavior on a large scale using marketing principles for the purpose of societal benefit rather than commercial profit." Within CCC, there are two separate nonprofit organizations—Community Clinic Health Network and Council Connections—that provide CBA and technical expertise to community organizations locally and nationally.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- The CCC HIV Prevention Program's work with CBA consumers has resulted in over 27 social marketing campaigns targeting ethnic minority populations, women, injection drug users, and youth.
- Ongoing technical assistance to the San Diego County Health and Human Services Agency since 2001, targets Latino and African-American men who have sex with men through a campaign entitled "HIV Testing Makes Me Confident."
- Technical assistance provided by CCC for a project called "Love, Amour, Romance," targets non-gay Spanish-speaking MSM.
- CCC coordinated San Diego County media initiatives and health fairs supporting 12 collaborating agencies for National HIV Testing Day, HIV/AIDS Awareness Month, and World AIDS Day.
- Five TRAC-produced video Public Service Announcements for ethnic populations have received 5 local Emmy nominations and won 2 national Telly Bronze awards.

DESCRIPTION OF THE CBA PROJECT

Through Project SMART (Social Marketing as a Resource Tool), CCC is providing social marketing case management CBA services and training to CBOs, public health departments, and community planning groups to improve their ability to implement strategies that increase access to and use of HIV risk reduction services by Latinos. Project SMART's culturally competent approach begins by compiling formative research data components for a site assessment visit. The visit may include assisting the consumer to conduct a focus group of the targeted population as a basis for development of campaign message strategies, which are then tested with the target group prior to implementation. CBA is customized based on specific consumer needs and includes social marketing consulting and training. CCC assists consumers in defining performance measures and maintains a small pool of funds to help bridge gaps in funding for the consumer's social marketing plan. Social marketing courses are provided throughout the county, and train-the-trainer sessions in the last year assure technology transfer to CBA consumers.



GOALS OF THE CBA PROJECT

CCC seeks to increase the number of CBOs, health departments and other stakeholders possessing the knowledge and experience needed to use social marketing as a strategy for providing HIV prevention services for racial/ethnic minorities. Used properly, social marketing will help reduce HIV infection rates in the U.S.

COLLABORATING PARTNERS

- San Diego County Health and Human Services Agency, Office of AIDS Coordination/HIV Testing Unit
- California AIDS Clearing House
- 12 agencies participating in National HIV Testing Day, HIV/AIDS Awareness Month and World AIDS Day
- HIV Information Summit, UCLA Medical Library

TARGET POPULATION

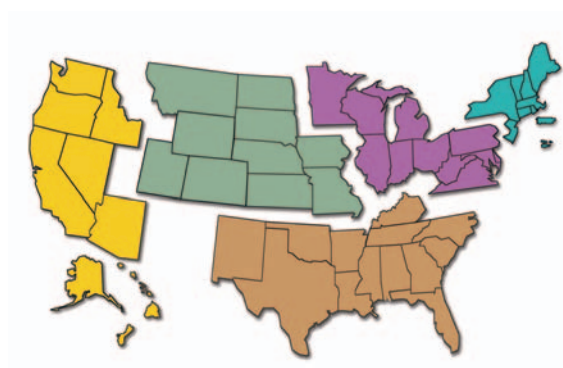
CCC's Project SMART addresses CBA consumers providing interventions to Latinos, first in the border states of the West and South Regions and later in cities throughout the U.S. that are destinations of "air bridges"—migratory patterns that are essentially border crossings to areas where cultural and familial ties exist. Subgroups targeted include: MSM, foreign born and newly immigrated Latinos, migrant farm workers, injection drug users and Latinas.

GEOGRAPHICAL SERVICE AREA

The Council of Community Clinics is providing services in all regions, emphasizing first the border states of the West and South region.

Contact CCC at:

Council of Community Clinics
P. O. Box 880969
7535 Metropolitan Drive
San Diego, CA 92168-0969
Telephone: (619) 542-4300
Web address: www.ccc-sd.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.

EDUCATION, TRAINING AND RESEARCH ASSOCIATES



FOCUS AREA 2 STRENGTHENING INTERVENTIONS FOR HIV PREVENTION

MISSION

The mission of Education, Training and Research (ETR) Associates is to build the capacity of state departments of health and education and community-based service agencies and institutions to promote the health and wellbeing of individuals, families and communities.

ORGANIZATIONAL HISTORY

ETR's was first funded in 1981 by the California Office of Family Planning to reduce sexual risk-taking and teen pregnancy among California youth by providing training and technical assistance to staff. ETR continues to provide training and technical assistance on HIV/AIDS and other STD prevention. This also includes the development and dissemination of evidence-based programs. ETR provides service throughout the United States and US territories focusing on African-American, Latino, Asian and Caucasian populations, also including migrants and juvenile offenders and HIV-infected individuals.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- ETR has developed, implemented and evaluated four evidence-based programs aimed at reducing risky sexual behavior and HIV infections: Reducing the Risk, Safer Choices, Draw the Line/Respect the Line, and All4You!
- ETR has worked with 53 of CDC's Division of Adolescent and School Health (DASH) grantees to assist their constituents in adopting effective HIV/AIDS and tobacco prevention programs. In the past two years alone, ETR has worked with 19 state education agencies and two local education agencies, providing HIV prevention education training to more than 250 school districts.
- ETR crafted a flexible, multi-component evidence-based intervention for runaway youth including video-based discussion groups, HIV counseling and a curriculum entitled "Survive Outside" which has reached nearly 20,000 high-risk youth in 326 facilities in 25 states.
- ETR developed and evaluated a community planning process aimed at implementing science-based Type II diabetes prevention and intervention services for African-Americans and Latinos REACH (Racial and Ethnic Approaches to Community Health).
- ETR's Resource Center for Adolescent Pregnancy Prevention (ReCAPP) offers practical tools for front-line practitioners through online information on research, statistics, training, discussion groups, and other avenues for information sharing.

DESCRIPTION OF THE CBA PROJECT

ETR's strategies address the need to develop core competencies of CBA consumers including: skill and confidence using logic models in HIV prevention planning, understanding of risk patterns and cultural norms that support HIV risk in unique populations, internal capacity to deliver interventions, skills to tailor and diffuse evidence-based programs, and evaluation skills. To develop and inform these competencies, ETR, its partners and consultants are conducting initial and annual needs assessments along with provision of in-person capacity building assistance, culturally competent regional or local training, distribution of written material, establishment of a project website, technical assistance via phone, email or on-site, teleconferencing, and provision of online courses and discussion forums. The location of regional trainings on core competencies or CDC-approved evidence-based programs is driven by the distribution of CBA consumers. Technical assistance is locally and regionally based throughout the Western region.



GOALS OF THE CBA PROJECT

The project seeks to enhance the capacity of CBOs and health departments to provide HIV prevention services to African-Americans that are evidence-based, culturally appropriate, implemented with fidelity to their populations, measurable and capable of continuous improvement, and effectively diffused. The ultimate health goal is to reduce HIV infection among African-American populations in the western region of the U.S.

COLLABORATING PARTNERS

- American Psychological Association, Behavioral and Social Science Volunteer Program
- University of California, San Francisco Center for Health and Community
- Black Coalition on AIDS and AIDS Project East Bay

TARGET POPULATION

ETR's CBA services target state and local health departments and the CBOs serving African-American populations in the eight-state Western Region.

GEOGRAPHICAL SERVICE AREA

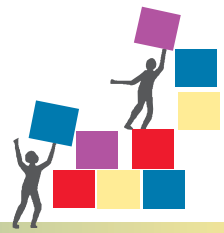
ETR Associates provides CBA services in the Western Region.

Contact the project at:

Education Training Research Associates
4 Carbonero Way
Scotts Valley, CA 95066
Telephone: (831) 438-4060
Web address: www.etr.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.



FOCUS AREA 2 STRENGTHENING INTERVENTIONS FOR HIV PREVENTION

MISSION

The mission of Harm Reduction Coalition (HRC) is to create programs and support local, regional and national efforts to increase access to and effectiveness of risk-reduction and prevention services targeting racial/ethnic minority communities.

ORGANIZATIONAL HISTORY

HRC is a minority controlled nonprofit organization. Since its founding in 1993, it has worked to increase access to and effectiveness of risk-reduction and prevention services targeting racial/ethnic minority communities that face stigma and chronic disenfranchisement because of drug use and related conditions. The agency's satellite office oversees activities in the State of California, and the national office in New York City oversees activities in the rest of the U.S., Puerto Rico, and the Caribbean. More than 200 trainings are held on-site at the agency offices each year. HRC's CBA services are built upon an infrastructure of CBA experiences and community relationships developed by two national programs based in New York: the African-American Initiative (AAI) and the Training Institute (TI). AAI was launched by HRC's People of Color Working Group in 1999 to address risk reduction and avoidance interventions and promote African-American professionals, community leaders, and people living with HIV/AIDS to lead community efforts addressing barriers to successful community interventions. AAI has working groups in four of the five Regions funded by CDC.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- HRC's Training Institute has provided HIV prevention skills building training and technical consultation to CBOs, health departments, medical providers, faith-based groups, and other community stakeholders through four full-time staff members and a consultant pool of 75 professional and community-based trainers.
- HRC's AAI conducted two conferences funded by the Ford Foundation titled, "Meeting Challenges in the 21st Century: New Perspectives, New Tools." The first attracted 600 participants; the second, close to 1,000 people. Successful outreach was made to HIV/AIDS Care Networks, CBOs, health departments, and organizations serving communities of color.
- HRC's Community Mobilization Project has sponsored national health and education conferences biannually since 1996. Its next conference, developed with the help of national partners is entitled, "Working Under Fire: Drug User Health and Justice 2004."

DESCRIPTION OF THE CBA PROJECT

HRC is developing its African-American CBA Project (AAP), funded by the Centers for Disease Control and Prevention (CDC) to provide services to enhance HIV prevention interventions. The operations are located in the New York City office with collaborations with HRC's three national programs: Community Mobilization Project, the Training Institute, and the African-American Initiative. Strategies include technical consultations, skills building training and information transfer for front-line staff, peers living with HIV/AIDS, and health department staff. Assessments are also conducted of CBOs' needs for implementing on-site HIV rapid testing and counseling, testing and referral services. Training is tailored to their identified needs and referrals are provided to address needs that fall in other Focus Areas. The project relies on best practices: i.e., use of locally based consultants with proven cultural competence, needs assessment of the CBA consumer's target population, and assessment of agency readiness to implement CDC DEBI and Structural interventions. HRC will also provide consultation on the use of logic modeling and program evaluation.



GOALS OF THE CBA PROJECT

The goals of this project are: (1) to develop and promote effective risk reduction and avoidance interventions in African-American communities and, (2) to promote community leadership among African-American professionals, community leaders and people living with AIDS to lead efforts to reduce barriers to prevention interventions.

This African-American CBA project builds on an existing infrastructure of HRC programs aimed at strengthening access to prevention intervention services and building leadership skills among a wide range of African-Americans.

COLLABORATING PARTNERS

- Gay Men of African Descent
- Latino Commission on AIDS
- National Native American AIDS Prevention Center
- Bailey House
- Other CBA providers, networks of CBOs, and health departments in the northern states, Puerto Rico and the Virgin Islands

TARGET POPULATION

The CBA project places particular emphasis on CBO services for sub-groups within African-American communities including injection drug users, pregnant women (especially those with drug histories, present use, or drug-using partners), men who partner with men, HIV-positive individuals and their partners, and those at high risk for infection but with unknown serostatus. AAP is targeting CBA to consumers that serve African-American communities, particularly agencies offering services to communities impacted by injection drug use.

GEOGRAPHICAL SERVICE AREA

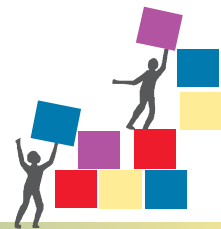
Harm Reduction Coalition provides services in the North Region.

Contact HRC at:

Harm Reduction Coalition
22 West 27th Street, 5th Floor
New York, NY 10001
Telephone: (212) 213-6376
Web address: www.harmreduction.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.



FOCUS AREA 4

STRENGTHENING COMMUNITY PLANNING FOR HIV PREVENTION

MISSION

The mission of the Inter Tribal Council of Arizona (ITCA) is to provide member tribes with the means for action on matters that affect them collectively and individually, to promote tribal sovereignty, and to strengthen tribal governments.

ORGANIZATIONAL HISTORY

ITCA was established in 1952 to provide a united voice for the common concerns of tribal governments located in Arizona. On July 9, 1975, the Council established a nonprofit corporation, Inter Tribal Council of Arizona, Inc., to promote Indian self-reliance through public policy development. ITCA members are the highest elected tribal leaders; they represent governments with a shared historical experience. ITCA, Inc. operates more than 20 projects providing technical assistance and training to tribal governments in program planning and development, research and data collection, resource development, management, and evaluation. It conducts seminars, workshops, conferences and public hearings to facilitate participation of tribal members in formulating public policy.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- ITCA has developed and implemented programs in the areas of environmental and natural resources, community tobacco education and prevention, and social services.
- ITCA created a Regional Tribal Epidemiology Center and an Area Agency on Aging.
- ITCA established the Regional STD/HIV/AIDS Prevention Project in 1991, targeting all identified risk categories. The program's goal is to strengthen the capacity of tribes while increasing dialogue and communication about HIV/AIDS within American Indian communities in Arizona, Nevada, and Utah.

DESCRIPTION OF THE CBA PROJECT

ITCA is modeling its coalition development strategy from the organizations success initiating American Indian HIV Prevention Workgroup and Task Forces in Arizona, Nevada and Utah. This strategy engages opinion leaders and stakeholders in identifying priority populations and selecting appropriate interventions for HIV prevention. The strategy has been effective in increasing parity, inclusion and representation (PIR) of Indians in state community planning groups (CPGs), and improving collaboration and communication between Indian CBOs and tribes with state and county health departments. The project focuses on training coalition members, including providing training on cultural competency and all aspects of community planning. Technical assistance is provided to help coalitions build group infrastructure and encourage coalition replication.

GOALS OF THE CBA PROJECT

ITCA is seeking to increase American Indian/Alaska Native (AI/AN) participation in the community planning process for HIV prevention and services, and to change the conditions that prevent AI/AN participation. Independent ownership of the coalitions by the opinion leaders and stakeholders is a desired outcome. Stakeholders include HIV-positive persons, women, elders, at-risk youth, and men who have sex with men.



COLLABORATING PARTNERS

- Tri-Ethnic Center at Colorado State University
- National Native American AIDS Prevention Center
- American Red Cross
- Health Departments in Oklahoma, Arizona, Texas, New Mexico, New York, Washington, North Carolina, Michigan and Alaska.
- Arizona American Indian HIV Prevention Task Force
- Utah American Indian HIV Prevention Task Force
- Nevada American Indian HIV Prevention Work Group
- Technical Assistance Network and Focus Area 4 CBA providers

TARGET POPULATION

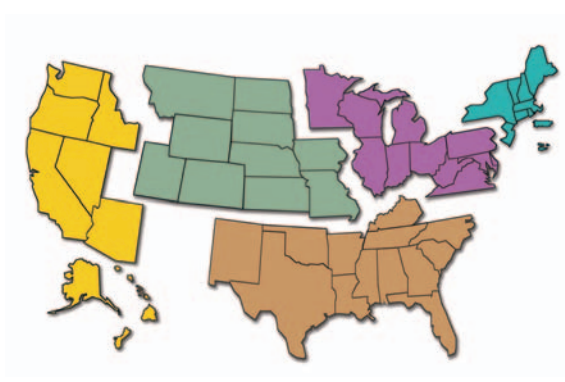
ITCA's CBA consumers are HIV service providers, tribal health educators, tribal leaders, case managers, outreach workers, tribal health directors, substance abuse counselors, persons living with HIV/AIDS, women, at-risk youth, and other providers of HIV prevention and risk-reduction/avoidance services. Nine states with the largest American Indian/Alaska Native populations are targeted: Oklahoma, Arizona, Texas, New Mexico, New York, Washington, North Carolina, Michigan and Alaska.

GEOGRAPHICAL SERVICE AREA

ITCA is providing service in all regions.

Contact ITCA at:

Inter Tribal Council of Arizona, Inc.
2214 North Central Avenue, Suite 100
Phoenix, AZ 85004
Telephone: (602) 307-1557
Web address: www.itcaonline.com



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.



FOCUS AREA 2 STRENGTHENING INTERVENTIONS FOR HIV PREVENTION

MISSION

Jackson State University Mississippi Urban Research Center (JSU MURC) is a comprehensive public university, proud of its heritage as an Historically Black College and University and committed to its future as a diversified institution dedicated to developing individual students and contributing to the solution of urban problems. Under the auspices of the JSU Office of Research Development and Support and Federal Relations, the Mississippi Urban Research Center conducts research, analyzes policy, manages data related to urban issues, offers instructional programs and conferences, and services as an information clearinghouse.

ORGANIZATIONAL HISTORY

Founded as Natchez Seminary in 1877 by the American Baptist Home Mission Society, the school was established “for the moral, religious, and intellectual improvement of Christian leaders of the colored people of Mississippi and the neighboring states.” The State of Mississippi assumed support of the college in 1940, assigning it to the mission of training teachers. Between 1953 and 1956, the curriculum was expanded to include a graduate program and bachelor’s program in arts and sciences. Additionally, in 1956 the Seminary’s name changed to Jackson State College. Further expansion of the curriculum and a building program preceded the college’s elevation to university status in 1974. In 1979, Jackson State University was officially designated the Urban University of the State of Mississippi. The Mississippi Urban Research Center (MURC) was authorized through Senate Bill 2720, passed by the Legislature of the State of Mississippi in 1983. The operation of the Center began with its appropriation in July 1994.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- JSU MURC has provided capacity building to community-based organizations and health departments on prevention interventions for 15 years.
- Over the past five years, JSU MURC has provided state-of-the-art CBA with its African American Prevention Intervention Network (APIN) project, reaching more than 23,000 CBA consumers throughout the U.S.
- Using the APIN, JSU MURC has assisted CBOs and health departments in applying CDC’s 1999 Compendium findings on HIV Prevention Interventions with Evidence of Effectiveness.
- Southern Prevention Intervention Center (SPIC)/APIN offers training and technical assistance on selected evidence-based HIV/STD prevention interventions through the DEBI (Diffusion of Effective Behavioral Interventions) project. DEBI products include: Community PROMISE, POL, Mpowerment, RAPP, Street Smart, VOICES/VOCES, SISTA, and Safety Counts.

DESCRIPTION OF THE CBA PROJECT

SPIC/APIN extends the national model of APIN into a new regional approach to CBA on HIV prevention interventions to African-American communities. Mechanisms include skills building, information transfer, technology transfer, technical consultation, and technical services. Providing on-site technical services is the most important component, covering adaptation, implementation, quality assurance and evaluation of HIV prevention interventions for high-risk seronegatives and HIV-positive African-Americans. Cultural competence is stressed in designing responses to CBA consumers and CBA consumers actively participate in developing tailored services. The overall plan calls for a follow-up comprehensive needs assessment throughout the region; development of a strategic service delivery plan; skills building sessions throughout the project; prioritizing of technical assistance requests; evaluation of all project services; and follow-up at 3, 6, and 9-month intervals.



GOALS OF THE CBA PROJECT

The goal of this project is to provide CBA through the Southern Prevention Intervention Center of the African American Prevention Intervention Network (SPIC/APIN) to community-based organizations and health departments serving African-American populations heavily infected by HIV throughout the southern region of the United States.

COLLABORATING PARTNERS

Partners include more than 30 CBA providers funded under CDC's Division of HIV/AIDS Prevention Capacity Building Branch.

TARGET POPULATION

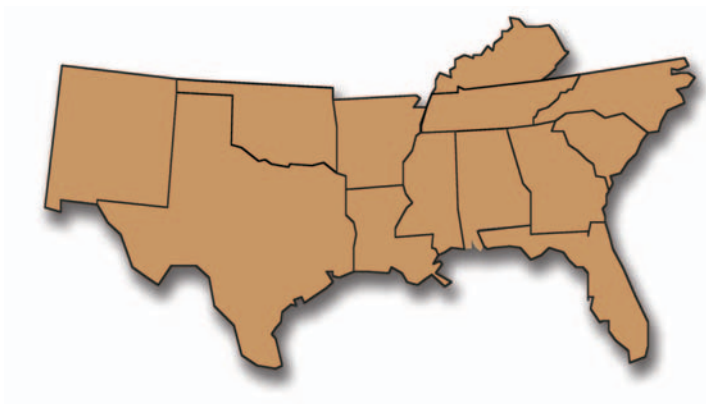
The project is targeting individuals and agencies that provide services to African-Americans who are at high risk for HIV infection or living with HIV/AIDS: men who have sex with men, substance abusers, persons with repeated STD infections, TB-infected persons, women and youth at high risk for HIV infection, and homeless people in high-risk situations. Services will be aimed first at CDC-funded CBOs and secondarily at health departments and other service providers.

GEOGRAPHICAL SERVICE AREA

JSU MURC provides services to African-Americans in the Southern Region.

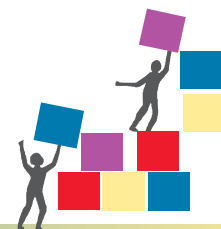
Contact the project at:

Mississippi Urban Research Center
Jackson State University
Office of Research Development, Support,
and Federal Relations
Post Office Box 17057
Jackson, MS 39217
Telephone: (866) 578-6872
Web address: www.murc.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.

JOHN SNOW, INC. RESEARCH AND TRAINING INSTITUTE



FOCUS 2 STRENGTHENING INTERVENTIONS FOR HIV PREVENTION

MISSION

The mission of John Snow, Inc. (JSI) Research and Training Institute is to improve the health of individuals and communities worldwide with a particular emphasis on underserved and vulnerable populations.

ORGANIZATIONAL HISTORY

Founded in 1978, JSI is a health care research and consulting organization focusing on health policy, program evaluation, clinical care, prevention, technical assistance, training, and management consulting. In pursuit of its mission, JSI has developed relationships with a wide variety of public health constituencies and has provided capacity building services for community and faith-based organizations, community coalitions, health centers, hospitals, local, county and state health departments, state legislatures, and national and international health agencies. JSI's work related to HIV/AIDS extends back to the early days of the epidemic; since then it has worked with domestic and international agencies at all levels to develop and improve HIV prevention programs and health service delivery for those infected with HIV and co-occurring disorders.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- The JSI Denver office has had a presence in Public Health Service (PHS) Region VIII for 22 years with a diverse staff that is highly experienced in collaborating with local agencies and working within state health department systems.
- JSI's HIV prevention intervention training portfolio targets women and men at high risk or living with HIV/AIDS include Prevention Case Management (PCM), Popular Opinion Leader (POL), Real AIDS Prevention Project (RAPP) and group interventions such as Many Men, Many Voices.
- JSI worked with the Denver HIV Resources Planning Council Needs Assessment Project and Santa Clara County HIV/AIDS Prevention Control Program (San Jose, CA) on prevention, care assessment and planning. The Denver project included focus groups on service needs for women, Latinos, and African-Americans/Blacks. The Santa Clara project resulted in a blueprint for prevention and service programs through 2005.
- CDC funded JSI to work with Title X clinics in the Rocky Mountain and New England regions to integrate theory-based HIV prevention counseling into family planning settings.
- As the Program Coordinating Center for SAMHSA's Center for Substance Abuse Prevention (1999-2003) JSI provided CBA on implementation of innovative and integrated HIV and substance abuse prevention interventions.

DESCRIPTION OF THE CBA PROJECT

CBA is provided to CBOs on implementing effective, evidence-based interventions including health education, risk reduction and avoidance, outreach, counseling, testing and referrals, partner counseling/referral services, prevention case management, interventions to prevent perinatal transmission, and rapid testing in non-traditional settings such as jails and high-risk community venues. JSI is also providing state and local health departments with culturally specific HIV prevention strategies. CBOs and health departments are jointly trained to foster peer learning and information sharing. The CBA strategy includes in-depth assessments of consumer needs; implementation and evaluation of CBA activities; organization of an Advisory Board to ensure key stakeholder participation; and coordination of CBA programs with other capacity building efforts.



GOALS OF THE CBA PROJECT

The goal of this project is to increase local CBOs and health departments' ability to implement and evaluate evidence-based HIV prevention programs for Latinos at high risk or living with HIV/AIDS, with the aim of increasing the proportion of HIV-infected persons who know their status, get linked to care, and receive guidance on decreasing HIV transmission.

COLLABORATING PARTNERS

- Salud Family Health Centers
- Farmworker Justice Fund, Inc.
- National Latina Health Network
- United States-Mexico Border Health Association
- City and County of Denver, Department of Environmental Health
- Denver Department of Public Health
- Iowa Department of Public Health
- Kansas Department of Health and Environment
- Utah Department of Health
- Wyoming Department of Health

TARGET POPULATION

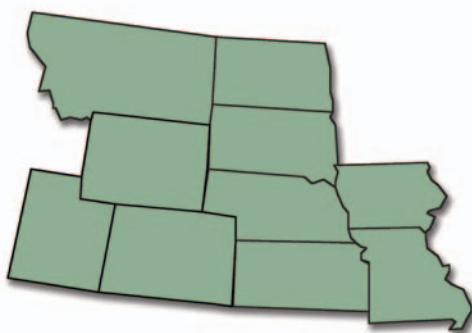
The project targets the variety of Hispanic/Latino populations in the Midwest who are at high risk of becoming affected with or living with HIV/AIDS, community-based organizations, and health departments.

GEOGRAPHICAL SERVICE AREA

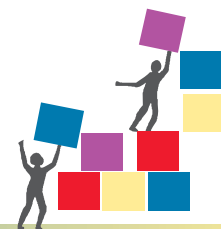
JSI Research and Training Institute is providing services in the Midwest region.

Contact the project at:

JSI Research and Training Institute
1860 Blake Street, Suite 320
Denver, CO 80202
Telephone: (303) 262-4300
Web address: www.jsi.com



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.



FOCUS AREA 2 STRENGTHENING INTERVENTIONS FOR HIV PREVENTION

MISSION

The mission of the Latino Commission on AIDS is to promote HIV/AIDS prevention and education for the Latino community.

ORGANIZATIONAL HISTORY

Founded in March 1990, the Latino Commission on AIDS is a nonprofit membership organization dedicated to improving and expanding HIV/AIDS prevention, research, treatment and other services to the Latino community through organizing, education, model program development, capacity building and training.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- Thousands of print articles, television and radio pieces, legislative and executive resolutions in over 30 city and state governments, and over 300 local activities in Latino communities on National Latino AIDS Awareness Day, October 15th.
- A network of over 35 Latino faith based institutions in the Latino Religious Leadership Project which provide critical health information and screenings in poor Latino communities, and work to reverse the stigma and discrimination which fuels the spread of HIV among Latinos.
- Spanish language HIV/AIDS treatment education and counseling for the Bilingual Treatment Education Program which reaches over 2,500 Latinos who would otherwise have difficulty participating in a healthcare system upon which their lives and longevity depend.
- A media and community organizing campaign called “Somos” which fights homophobia in Latino communities, which is considered a leading cause of the isolation that drives the spread of HIV.
- Over 1,500 Latinos at high risk for HIV receiving counseling and testing services through the Es Mejor Saber project, and model programs for outreaching to Latina women through an ‘each one teach one’ approach to encourage HIV testing.
- Distribution of over \$75,000 to grassroots Latino Lesbian Gay Bisexual and Transgender organizations by the Mano a Mano program, to build their capacity and develop leadership within the Latino LGBT community.
- Annual New York statewide Latino AIDS conference called Reunion Latina providing skills building, networking and strategy for over 300 AIDS service providers.
- In 2003, the first National Summit for Spanish Language HIV Treatment Educators, held in March in Los Angeles.
- Opening the doors for uninsured or under-insured Latinos with AIDS to access healthcare and treatment through the new Acción por la Salud Project.
- The development of a leadership coalition of over 200 executive directors, pastors, elected officials, researchers, community leaders and policy makers to explore and address disparities in health outcomes for Latinos in the Latino Health Advocacy Coalition.



DESCRIPTION OF THE CBA PROJECT

Manos Unidas (Hands United) is a capacity-building program for CBOs to provide HIV prevention services to the Latino community. The project includes three 2-day on-site trainings; creation of the Manos Unidas Advisory Committee; monthly conference calls addressing a CBA topic; creation of Manos Unidas Portal as an information website; publications; protocol development; 50 hours of telephone-based assistance per program; and a coordinated system for delivering bilingual and multicultural CBA services.

GOALS OF THE CBA PROJECT

- Work with CBA consumers on programmatic needs assessment in order to develop programmatic objectives specific to the CBA request.
- Create and develop an affiliation group of CBA consumers and health departments committed to promoting prevention programs for Latinos.
- Develop a network of expert consultants that provide CBA services that offer solutions to programmatic obstacles determined from the needs assessment.
- Integrate mechanism to promptly deliver CBA services.

COLLABORATING PARTNERS

- SeaTree Associates
- Mares Consulting
- Rural Opportunities, Inc.
- EOC of Suffolk County
- Hispanics United of Buffalo
- National Latina Health Network
- Farmworker Justice Fund

TARGET POPULATION

Manos Unidas targets Latinos and Latinas at risk of HIV or living with HIV/AIDS, CBOs, state and local health departments, other service providers to Hispanic communities, and media and opinion leaders in the Latino community.

GEOGRAPHICAL SERVICE AREA

Latino Commission on AIDS' Manos Unidas program provides services in the North to organizations serving the Latino/Hispanic community.

Contact the project at:

Latino Commission on AIDS
24 West 25th Street, 9th Floor
New York, NY 10010
Telephone: (212) 675-3288
Web address: www.latinoaids.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.

METROPOLITAN INTERDENOMINATIONAL CHURCH TECHNICAL ASSISTANCE NETWORK



FOCUS AREA 3 STRENGTHENING COMMUNITY ACCESS TO AND UTILIZATION OF HIV PREVENTION SERVICES

MISSION

The Metropolitan Interdenominational Church Technical Assistance Network (MITCAN) provides culturally competent capacity building assistance that empowers faith organizations, health departments, CBOs and social/civic organizations to develop effective and sustainable community partnerships that increase access and utilization of HIV/AIDS prevention services for African-Americans.

ORGANIZATIONAL HISTORY

MICTAN is a program of the First Response Center of Metropolitan Interdenominational Church. The First Response Center was established to create culturally relevant, non-judgmental, non-alienating environments where all persons have the opportunity to realize life's possibilities. The Center was established in 1994 to house the ministries of the Church and respond to the devastating impact of HIV/AIDS in the African American community. The Center operates six programs that address HIV: PEER, a prevention program; MORRE, an intensive outpatient program for opiate users operated in collaboration with the Middle Tennessee Treatment Center; The Wellness Program, a case management and pastoral care program for persons living with HIV/AIDS; First Response Center Primary Care Clinic; MICTAN, a technical assistance program; and Partners for Life, a program that partners orphanages in South Africa with churches in the United States. These programs offer a wide array of HIV and HIV related services, such as: outreach, HIV and substance abuse prevention education, risk reduction counseling, case management, treatment for opiate addiction, and technical assistance to other faith communities and CDC funded initiatives. MICTAN, a clergy-led initiative, was established in 2000 and provides capacity building and technical assistance to faith-based organizations, health departments, directly and indirectly CDC-funded CBOs, social/civic organizations and community development projects.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

MICTAN has a four-year history of providing culturally competent CBA to ministers and lay church leaders to increase the capacity of individual churches to design and implement programs directed toward increasing access to and use of HIV prevention and risk-reduction and avoidance services by African-Americans at risk of HIV and other STDs.

DESCRIPTION OF THE CBA PROJECT

MICTAN staff has used the experience of the last four years to develop the current CBA project. The project is designed to increase the capacity of faith leaders, health departments, community-based organizations, civic and social organizations, and at-risk persons to collaborate in increasing access to and utilization of HIV prevention and avoidance services for at-risk African-Americans. Two CBA strategies are employed: Community dialogue and collective action. Assessing community readiness and understanding the assets and needs of the community is core to implementing both strategies. MICTAN's affiliation with Metropolitan Interdenominational Church has opened doors with church leaders, and MICTAN will continue to use these relationships to promote dialogues about the impact of HIV/AIDS and need for prevention efforts in the African-American community.

GOALS OF THE CBA PROJECT

MICTAN's CBA project seeks to influence the following conditions:

- African-American reluctance to use voluntary testing and counseling services for HIV reduction and risk reduction/avoidance;



- Stakeholders' varying levels of motivation to participate in collaborative efforts;
- Gaps in stakeholder knowledge of HIV, prevention and risk reduction/avoidance in the African-American community, and barriers to individuals seeking services;
- Stakeholders' lack of knowledge, skills and experience in engaging in a collaborative process of dialogue and corrective action regarding HIV prevention.

COLLABORATING PARTNERS

To reach targeted communities of color, avoid duplication of effort, and ensure CBA service gaps are addressed, MICTAN is collaborating with the following organizations:

- The Balm in Gilead
- Health Watch Information and Promotion Service
- Smart Thinkers in Action
- PROCEED, Inc.
- Gay Men of African Descent
- Interdenominational Theological Center
- Metropolitan Davidson Health Department
- American Baptist College
- National Black Alcoholism and Addictions Council, Inc.
- Street Works

TARGET POPULATION

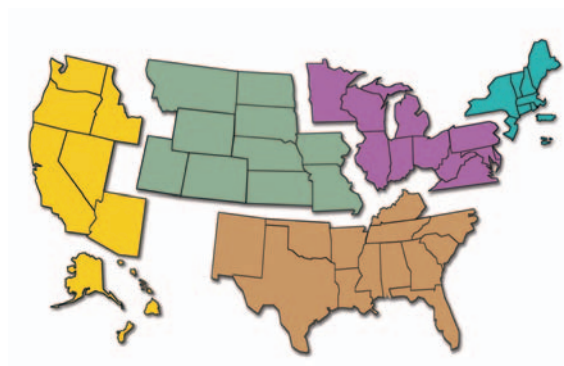
MICTAN's target population includes faith-based organizations, health departments, CBOs serving communities of color, service organizations providing HIV/AIDS prevention interventions, and African-Americans at risk of STDs or HIV.

GEOGRAPHICAL SERVICE AREA

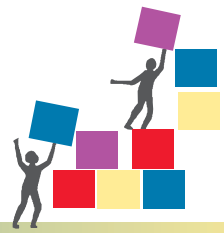
MICTAN provides services in all regions of the United States.

Contact MICTAN at:

Metropolitan Interdenominational Church
Technical Assistance Network
First Response Center
2128 11th Avenue, North
Nashville, TN 37208
Telephone: (615) 321-9791
Web address: www.metropolitanfrc.com



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.



FOCUS AREA 3

STRENGTHENING COMMUNITY ACCESS TO AND UTILIZATION OF HIV PREVENTION SERVICES

MISSION

The mission of My Brother's Keeper (MBK) is to enhance the health and well being of African Americans through leadership in public and community health practice, collaboration and partnerships.

ORGANIZATIONAL HISTORY

My Brother's Keeper was incorporated in 2000 to conduct needs assessments activities related to the community planning process. It has worked since then with partners to strengthen community capacity to address HIV prevention services for African-Americans at risk.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

MBK was the recipient of funding for the past three years to implement CBA projects. MBK's overall goal was to mobilize communities and increase participation in HIV prevention or the community planning process. A project with Mississippi State Department of Health's Division of STD/HIV entitled Mississippi AIDS Service Expansion (MASE) focused on building HIV prevention capacity of new or nascent organizations in the African-American community in various parts of the state with CBOs. Another project, under contract with New Life Ministry, assisted with the development of a community-level intervention and service expansion to African-American men. MBK also developed a curriculum for community mobilization focusing on African-American men who have sex with other men.

DESCRIPTION OF THE CBA PROJECT

My Brother's Keeper is conducting a CBA project entitled Community-Regional Approaches for Combating HIV (Community REACH), designed to operate throughout the nation using a regional approach. The project is patterned on and uses materials from three regional CBA projects developed by Jackson State University (JSU), Southern African-American Men's CBA, and Southern Fair Initiative to extend the reach of the JSU models to a national perspective. Alliance for Quality Education (AQE) is conducting marketing and events planning for Community REACH. The CBA strategy is based on the Community Guide's Model for Linking the Social Environment to health. Delivery mechanisms include skills building training, information transfer, technology transfer, technical consultation, and on-site technical assistance, the most important aspect of the project.

GOALS OF THE CBA PROJECT

The goal of this project is to provide CBA to CBOs and stakeholders serving African-American populations heavily affected by AIDS in order to increase their core competencies to implement strategies that will increase access to and utilization of HIV prevention and risk reduction/avoidance services.

COLLABORATING PARTNERS

My Brother's Keeper collaborates with the following organizations:

- Jackson State University
- Alliances for Quality Education



TARGET POPULATION

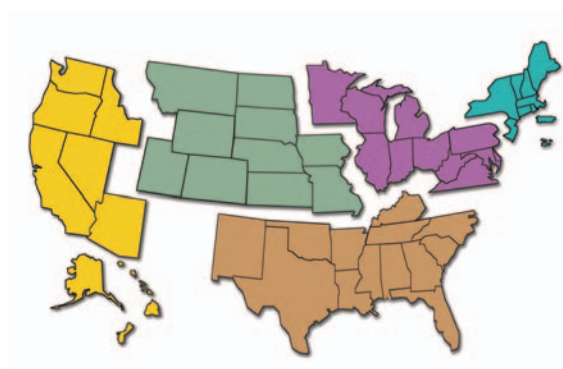
The target population includes individuals and agencies that provide services to African-Americans in diverse, high-risk groups such as MSM, substance abusers persons with repeated STD infections, TB-infected individuals, women and youth at high risk for HIV infection, and homeless persons in high-risk situations.

GEOGRAPHICAL SERVICE AREA

My Brother's Keeper provides services in all Regions.

Contact the organization at:

My Brother's Keeper, Inc.
735 Avignon Drive, Suite #1
Ridgeland, MS 39157
Telephone: (601) 898-0955
Website: www.mbk-inc.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.

NATIONAL AIDS EDUCATION SERVICES FOR MINORITIES



FOCUS AREA 4 STRENGTHENING COMMUNITY PLANNING FOR HIV PREVENTION

MISSION

The mission of National AIDS Education Services for Minorities (NAESM) is to educate communities of color, primarily African-Americans regarding HIV/AIDS prevention and to make health care and social services available to people of color with early or advanced stages of HIV/AIDS regardless of sexual orientation.

ORGANIZATIONAL HISTORY

Founded in 1990, NAESM is a minority community-based organization (CBO) that provides HIV prevention and AIDS education services. Headquartered in Atlanta, GA, NAESM's programs include outreach activities in gay bars and clubs, on-site and off-site support groups, case management, and provision of transitional housing and needed social/health services for persons living with AIDS. NAESM has participated in the HIV Prevention Community Planning process as a member of the Georgia community planning group since its founding in 1994. NAESM has a five-year track record of providing CBA to community members as a result of CDC funding.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- NAESM received a grant in 1996 from the U.S. Conference of Mayors to establish a prevention case management outreach program that was integrated with HIV risk-reduction skill training.
- Supported by CDC funding, NAESM has provided capacity building assistance to increase the effectiveness and sustainability of HIV prevention programs in the Southeast Region since 1999.
- NAESM networks nationally to assist African-Americans in developing leadership skills aimed at serving their communities.

DESCRIPTION OF THE CBA PROJECT

NAESM is providing capacity building assistance (CBA) services to strengthen the HIV prevention community planning process. Its CBA services specifically target African-Americans not of Hispanic origin, with emphasis on sub-populations at high-risk for HIV infection:

- African-American heterosexual women
- African-American young women (<25)
- African-American young MSM.

Proactive services include skill building training that are not directly linked to CBA requests. Reactive services include activities that result from a CBA request from a community planning group, local or state health department or CBO working with African-American community members.

GOALS OF THE CBA PROJECT

- For community planning groups and health departments: increase knowledge of HIV prevention community planning process guiding principles, African-American parity, inclusion and representation (PIR), and awareness of resources for African-American recruitment and retention. Goals for these groups also include improving conflict resolution or grievance processes.



- For African-American community members: increase awareness of the HIV prevention community planning process.

Specific skills-building workshops include:

- Orientation to Community Planning Process
- Leadership Development
- Public Speaking and Persuasion skills
- Group and Meeting Facilitation Skills
- Consensus Building
- Diversity Sensitivity
- Conflict Resolution

COLLABORATING PARTNERS

NAESM has collaborated with:

- South Carolina Department of Health and Environmental Control
- HIV/AIDS Services for African-Americans in Alaska
- My Brothaz H.O.M.E, Inc.
- Champaign-Urbana Public Health District
- North Carolina Department of Health and Human Services, Division of Public Health
- Georgia Center for Nonprofits
- AID Upstate Prevention Services

TARGET POPULATION

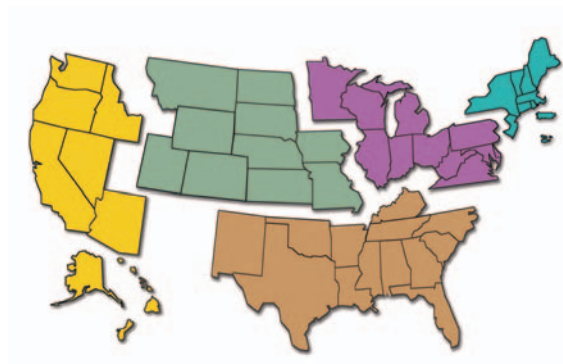
NAESM provides services to community planning groups, CBO's, and health departments that provide services for African-Americans. Target audiences include community planning groups, state and local health departments and African-American community stakeholders.

GEOGRAPHICAL SERVICE AREA

NAESM provides services across the United States.

Contact NAESM at:

National AIDS Education Services for Minorities
2001 Martin Luther King, Jr. Drive, Suite 602
Atlanta, GA 30310
Telephone: (404) 753-2900
Web address: www.naesmonline.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.

NATIONAL ASSOCIATION OF PEOPLE WITH AIDS



FOCUS AREA 3 STRENGTHENING COMMUNITY ACCESS TO AND UTILIZATION OF HIV PREVENTION SERVICES

MISSION

The mission of the National Association of People with AIDS (NAPWA) is to promote, represent, and advocate for the rights, needs, and well-being of people living with AIDS and HIV infection, regardless of sexual orientation or life-style. NAPWA also advocates for the provision of high-quality, affordable, and accessible health and human services to those directly affected by AIDS and HIV infection.

ORGANIZATIONAL HISTORY

Since 1995, NAPWA has served as the sponsor and lead organizer of National HIV Testing Day held each June 27 to encourage voluntary HIV counseling and testing. The program has a demonstrated track record of increasing the number of people tested and serving hard-to-reach and high-risk populations. Annually, NAPWA organizes a national media campaign and produces materials enabling local organizations to launch locally appropriate, culturally relevant, targeted campaigns for their communities.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- An estimated 6,000-10,000 community-based organizations, health departments, clinics, and other service providers participate in National HIV Testing Day (NHTD), which is sponsored and organized by NAPWA.
- In 2004, NAPWA mailed campaign kits for National HIV Testing Day to 24,000 CBOs and health departments. Produced in English and Spanish, the materials designed to be localized were focused on African-Americans, Latino/as, sexually active young people, women of child-bearing age, and gay/bisexual men (especially MSM and MSM of color).
- National HIV Testing Day was mentioned in 669 television news broadcasts reaching upwards of 150 million viewers; the campaign received nearly 100% coverage in the top 50 U.S. television markets. An estimated 50 million people were reached by video public service announcements.

DESCRIPTION OF THE CBA PROJECT

NAPWA is providing CBA to community-based organizations that serve Latino/as who are at risk of or living with HIV/AIDS. Mechanisms include (1) recruiting, training, and supporting a national network of “team captains” two from each state, one from a minority-serving CBO and one health department representative to identify and support organizations testing outreach activities; (2) identifying six CBOs for intensive multi-year CBA; (3) providing “on request” CBA to CBOs across the country; and (4) providing extensive materials including a newsletter, monitored listserv, annual campaign kit, and manual for conducting campaigns.

GOALS OF THE CBA PROJECT

The goal of this project is to increase the effectiveness and scope of community-based organizations in using community mobilization, outreach, and social marketing activities to reach people, especially people of color, living with HIV/AIDS who are not aware of their status.

NAPWA's multi-pronged CBA approach involves working closely with service providers, community-based organizations and health departments to build their capacity to reach persons who are unaware of their HIV/AIDS status.



Identify community leaders and HD representatives that will serve as team co-captains on a national testing campaign network. Develop, engage and maintain training in Washington, DC for the national network. Engage in intensive, ongoing capacity-building with four CBOs modeling national implementation of effective design, development, implementation and will receive in depth TA from NAPWA around designing, developing, implementing and evaluating a national testing campaign. Develop and distribute a variety of electronic materials which will enhance capacity to successfully implement and diffuse NHTD (printed materials will be provided as requested). Design and develop NHTD materials/toolkit.

COLLABORATING PARTNERS

NAPWA is collaborating with:

- United States / Mexico Border Health Association
- LLEGÓ, National Latina/o Lesbian, Gay, Bisexual and Transgender Organization
- Council of Community Clinics
- CBA providers targeting Latina/o community

TARGET POPULATION

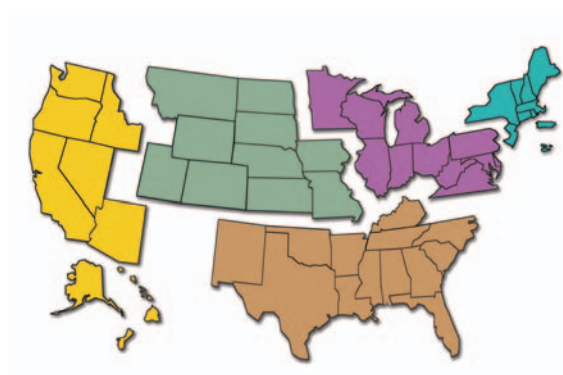
Latino/as who are at risk of or living with HIV/AIDS, community-based organizations serving these populations, health departments, clinics, and other health and social service providers whose clients include people living with HIV/AIDS.

GEOGRAPHICAL SERVICE AREA

NAPWA provides services in all regions.

Contact NAPWA at:

National Association of People with AIDS
1413 K Street, NW, 7th Floor
Washington, DC 20005
Telephone: (202) 898-0414
Web address: www.napwa.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.

NATIONAL BLACK ALCOHOLISM AND ADDICTIONS COUNCIL



FOCUS AREA 2 STRENGTHENING INTERVENTIONS FOR HIV PREVENTION

MISSION

The mission of the National Black Alcoholism and Addictions Council is to provide culturally specific education, training and services designed to reduce alcoholism and substance abuse in African-American communities.

ORGANIZATIONAL HISTORY

The National Black Alcoholism and Addictions Council (NBAC) was founded in 1978 by a group of individuals and organizations concerned about the devastating effects that alcoholism had on millions of Blacks across the United States. A Board of Directors, Executive Committee, and 20 state chapters make up the Council's structure. NBAC provides culturally sensitive CBA workshops, training institutes, skills building seminars and technical assistance to community-based organizations and affiliate chapters. Staff members and providers receive routine training in culturally competent service delivery, sensitivity to sexual and gender identity, and use of materials that are developmentally appropriate, linguistically specific, educationally appropriate, and targeted to the needs of minority clients. CDC has funded NBAC since 1999 to provide CBA to CDC-funded CBOs to improve HIV/AIDS interventions, and to faith-based organizations for mobilizing Black clergy around community planning for HIV prevention.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- NBAC developed Blacks Against Drinking and Driving (BADD) in 1984 to educate African-Americans and the general public about the dangers of drunk driving. The program has been funded by several National Highway and Traffic Safety Administration grants and has particularly focused on Historically Black College University students.
- NBAC model program, Black Children of Alcoholic and Drug Addicted Parents, is also useful for working with other groups whose cultural and racial issues differ from most European Americans.
- NBAC's developed the Black Alcoholism Institute in cooperation with Howard University in 1983. Aimed at training professionals working with Black alcohol and substance abusers, the Institute moved to Morehouse School of Medicine in 1989.
- NBAC initiated an annual National Black HIV/AIDS Awareness Day to emphasize the state of emergency among African-Americans and encourage HIV testing.
- Creation of the African-American Faith-Based Coalition and the Community Capacity Building Coalition.

DESCRIPTION OF THE CBA PROJECT

The project aims to strengthen HIV prevention intervention services through implementation of a regional capacity building program through the recruitment of specialists. Activities include: consultations, workshops, technical assistance, seminars, documentation on best practices/lessons learned with CBOs and health departments, ongoing assessments, and use of referral databases. NBAC is attempting to expand the reach of CDC-funded CBOs by linking them with faith-based and other non-CDC-funded organizations. Primary sites include Chicago, Minneapolis, Cleveland and Washington, DC, with each site responsible for services in two surrounding states.



GOALS OF THE CBA PROJECT

The goal of this project is to expand the capacity of faith-based and other community-based organizations and health departments providing HIV/AIDS prevention services to African-American populations in the Mid-East region by adapting, tailoring and implementing effective science-based interventions.

COLLABORATING PARTNERS

- Balm in Gilead
- One Church, One Addict
- The Safe Haven Program
- Interdenominational Theological Seminary
- Jackson State University
- Ark of Refuge
- Metropolitan Interdenominational Church

TARGET POPULATION

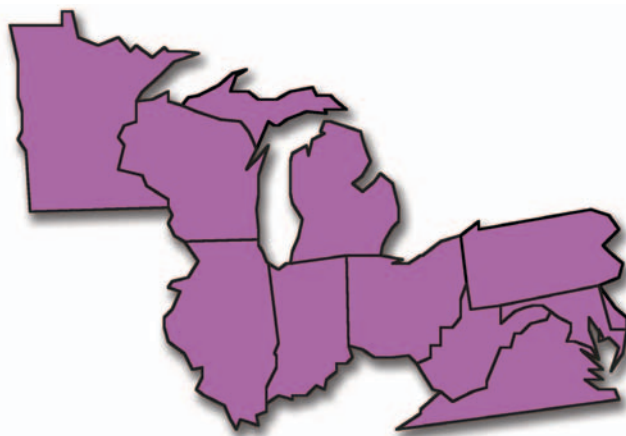
NBAC targets Black and African-American (non-Hispanic) populations, CBOs serving African-Americans at risk of HIV/AIDS, community stakeholders, health departments, and faith-based organizations.

GEOGRAPHICAL SERVICE AREA

NBAC is providing services in the Mid-East Region.

Contact NBAC at:

National Black Alcoholism and Addictions Council
5104 N. Orange Blossom Trail, Suite 207
Orlando, FL 32810
Telephone: (407) 532-2774
Web address: www.nbacinc.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.

NATIONAL BLACK LEADERSHIP COMMISSION ON AIDS



FOCUS AREA 3 STRENGTHENING COMMUNITY ACCESS TO AND UTILIZATION OF HIV PREVENTION SERVICES

MISSION

The mission of the National Black Leadership Commission on AIDS (NBLCA) is to inform, coordinate, and organize the volunteer efforts of indigenous Black leadership including clergy, elected officials, medical practitioners, businessmen and women, social policy experts, and the media to meet the challenge of fighting AIDS in their communities.

ORGANIZATIONAL HISTORY

NBLCA was founded in 1987. Since 1994 NBLCA has established 8 of 17 affiliates in targeted cities to conduct, develop and organize activities among indigenous leaders in the African-American community. Affiliates consist of committees in the areas of public policy, religion, medicine and media. These committees encourage collaboration and support local initiatives to develop HIV/AIDS-related services, such as prevention, coalition building, stigma reduction efforts, community testing, and treatment resources. NBLCA also conducts policy research and advocacy on HIV/AIDS to ensure effective participation of Black leadership in policy and resource allocation decisions at the local, state and national levels affecting African-American communities. NBLCA is the oldest and largest nonprofit of its kind in the United States.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- NBLCA organized the first New York State African-American Leadership Summit on AIDS, which resulted in a statewide plan to combat HIV/AIDS in communities of African descent. The model was replicated in other New York cities to create an infrastructure for advocacy, community development and planning.
- Baltimore, Maryland's implementation of NBLCA's Community Plan of Action, including recommendations to mobilize the business, entertainment, and clergy communities, led to the establishment of a formal commission to advise the mayor on policies aimed at stemming the tide of HIV infection in the city's African-American communities.
- NBLCA designed and coordinates an annual National Black HIV/AIDS Awareness Day to provide CBA for local community-based organizations aimed at nationwide mobilization to emphasize the HIV/AIDS state of emergency among African-American and encourage testing.
- NBLCA was the first organization of its kind to create linkages among local and national Black leaders to help sustain the long-term action agenda necessary to combat the public health challenges of HIV/AIDS.

DESCRIPTION OF THE CBA PROJECT

The strategic and structural intervention is based on the premise that HIV African-American leadership training will establish organizational structure that supports collaboration and allow flexibility for multiple local initiatives. This project implements the final phase of the Leadership Mobilization Model by targeting African American leaders in five regions across the U.S. to develop a coordinated response to HIV/AIDS among indigenous leaders, CBOs, health departments and other CBA consumers. The model is intended to be a catalyst to executing an unprecedented number of community actions to promote HIV antibody testing and prevention education services. The program has two phases: a demonstration project in each of the five regions, followed by dissemination of the program model throughout the regions. Both require long-term, hands-on development, application and services. The program is led by Black clergy



along with local leaders, CDC-funded CBOs, and health departments in all regions. NBLCA is also soliciting collaboration with other CBA providers.

GOALS OF THE CBA PROJECT

The goal of this project is to deliver CBA to Black/African-American leadership, CDC-funded community-based organizations, and other community stakeholders through NBLCA's "Leadership Mobilization Model" adapted from NBLCA's existing community leadership model. This is an extensive hands-on approach, requiring consistent contact with participants on the local level with ongoing monitoring, implementation, and technical assistance services.

COLLABORATING PARTNERS

- National Alliance of State and Territorial AIDS Directors
- National Urban League
- State of New York Department of Health
- Concerned Black Men
- Health Watch Information and Promotion Service
- Jackson State University
- National Black Alcoholism and Addictions Council

TARGET POPULATION

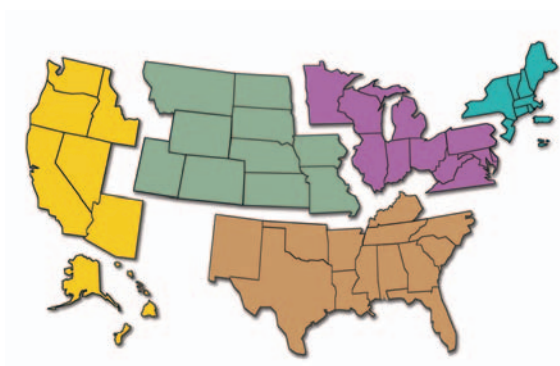
NBLCA targets African-American clerical, medical, business, legislative, and media leaders, community-based organization, and other CBA consumers.

GEOGRAPHICAL SERVICE AREA

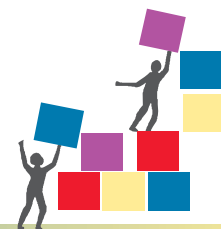
NBLCA provides services in all regions.

Contact NBLCA at:

National Black Leadership Commission on AIDS
105 East 22nd Street, Suite 711
New York, NY 10010
Telephone: (212) 614-0023
Web address: www.nblca.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.



FOCUS AREA 1 STRENGTHENING ORGANIZATIONAL INFRASTRUCTURE FOR HIV PREVENTION

MISSION

National Minority AIDS Council (NMAC) seeks to advance the fight against HIV/AIDS in communities of color through sustained national programs addressing capacity building assistance, development of new knowledge about HIV/AIDS service needs and challenges, and advocacy for constituents' organizational and community needs.

ORGANIZATIONAL HISTORY

Founded in 1987, NMAC is the nation's largest network of faith and community-based HIV/AIDS prevention, service and care organizations working in communities of color. Its experience providing CBA services began in 1989, and it was among the first organization to partner with CDC to develop CBA for HIV prevention programs serving racial/ethnic minorities. Its services have steadily expanded and improved. Working in communities of color, NMAC advances the fight against AIDS by mounting sustained CBA projects, developing new knowledge about HIV service needs and challenges, organizing and convening constituents for trainings, and advocating for community and organizational needs. Today, NMAC's programs include: comprehensive individualized consultations, group training and conferencing, community-level interventions, publications and web-based activities rooted in a sophisticated CBA logic model.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- NMAC was the sole funded partner in CDC's comprehensive PA 99095A CBA initiative, which targeted HIV prevention organizations in African-American communities, and was later funded through CDC to extend program offerings.
- In partnership with the National Association of People with AIDS and the AIDS Interfaith Network, MNAC produced the first National Skills Building Conference, the largest gathering of frontline CBOs providing prevention and service programs for people at risk of and those living with HIV/AIDS.
- Since 1990, NMAC has organized and provided administrative leadership for the U.S. Conference on AIDS. Under NMAC's guidance, the annual meeting has become an anchor for a wide range of skills acquisition, information sharing, and coalition building among individuals and organizations struggling to conduct effective responses to HIV/AIDS in communities of color.
- NMAC was awarded "straight As" in a 1999 issue of POZ Magazine that provided readers with information about AIDS philanthropy.

DESCRIPTION OF THE CBA PROJECT

Under its project, the "Comprehensive Capacity Building Partnership (CCBP) for HIV Prevention in African-American Communities," NMAC is addressing organizational infrastructure development needs including board development, strategic planning, grant writing, expansion of HIV counseling, testing and prevention case management services for HIV-infected individuals. Annual objectives include: 100 individualized organizational assessments; 10 three-day regional training programs serving 10-20 organizations each; 22 two-day statewide training programs serving 5-15 organizations; at least two dedicated national meetings; and provision of print and electronic publications, tools, manuals and other resources to thousands of constituents. The NMAC website (www.nmac.org) also includes greater opportunity for interactive communications.



GOALS OF THE CBA PROJECT

“The Partnership” seeks to leverage their unique strengths and experiences along with NMAC’s overall CBA program infrastructures and resources to create the most comprehensive CBA initiative in the HIV/AIDS organizational development arena.

COLLABORATING PARTNERS

“The Partnership” or CCBP links NMAC with:

- Academy for Educational Development
- National Association of People with AIDS
- National Association of State and Territorial AIDS Directors

TARGET POPULATION

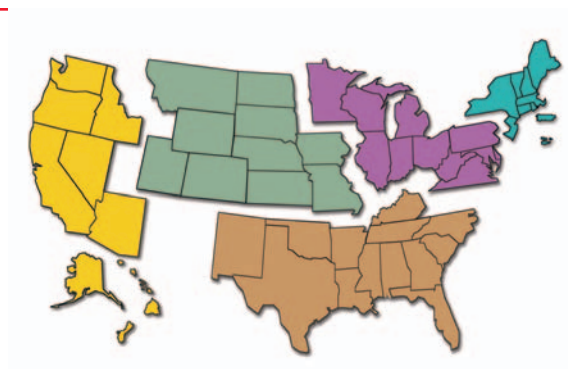
CCBP services are targeted at faith and community-based organizations providing HIV/AIDS prevention services in communities of color.

GEOGRAPHICAL SERVICE AREA

NMAC provides service in all regions.

Contact NMAC at:

National Minority AIDS Council
1931 13th Street, NW
Washington, DC 20009
Telephone: (202) 483-6622
Web address: www.nmac.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.



FOCUS AREA 3

STRENGTHENING COMMUNITY ACCESS TO AND UTILIZATION OF HIV PREVENTION SERVICES

MISSION

The mission of the National Minority AIDS Council is to advance the fight against HIV/AIDS in communities of color through sustained national programs addressing capacity building assistance, development of new knowledge about HIV/AIDS service needs and challenges, and advocacy for constituents' organizational and community needs.

ORGANIZATIONAL HISTORY

Founded in 1987, NMAC is the nation's largest network of faith and community-based HIV/AIDS prevention, service and care organizations working in communities of color. Its Prison Initiative began in 1997 with private support to help organizations serving communities of color work more effectively with corrections officials to enhance HIV prevention and health care for inmates and parolees. NMAC was selected in 1999 to support the CDC's and Health Resources and Services Administration's Corrections Demonstration Project (CDP), an effort to develop innovative prison discharge planning between 49 HIV/AIDS faith and community-based organizations. Under the current project, NMAC is working to leverage the CDP's achievements into a comprehensive National Partnership Network (NPN) of HIV/AIDS Discharge Planning Programs predominantly serving African-Americans.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- In partnership with the National Association of People with AIDS and the AIDS Interfaith Network, MNAC produced the first National Skills Building Conference from 1991-96 and it became the largest gathering of frontline CBOs providing prevention and service programs for people at risk of and those living with HIV/AIDS.
- Since 1997, NMAC has organized and provided administrative leadership for the U.S. Conference on AIDS. Under NMAC's guidance, the annual meeting has become an anchor for a wide range of skills acquisition, information sharing, and coalition building among individuals and organizations struggling to conduct effective responses to HIV/AIDS in communities of color.
- NMAC was awarded "straight As" in a 1999 issue of POZ Magazine that provided readers with information about AIDS philanthropy.
- NMAC initiated an annual two-day National CBO Meeting of Corrections Demonstrations Project organizational leaders to facilitate skills building, information exchange and networking.

DESCRIPTION OF THE CBA PROJECT

The National Partnership Network (NPN) of HIV/AIDS Discharge Planning Programs preserves the integrity of the CDP achievement by supporting development of relevant program and organizational infrastructures as well as collaborations with correctional and prison health facilities. Without such support, many CDP achievements would be lost. NMAC is relying on the existing network of organizations created under the Prison Initiative in disseminating NPN program models and experience to the 43 states not incorporated in the CDP effort. The primary condition NPN seeks to change is the lack of coordinated and effective discharge planning and HIV prevention services for HIV-positive inmates and recent parolees in many jurisdictions.



GOALS OF THE CBA PROJECT

The NPN's record of achievement will leverage the next generation of HIV prevention services for HIV-positive individuals in the criminal justice system and their sexual and/or needle-sharing partners. The short-term goal is to continue supporting relevant program and organizational infrastructures and collaborations with correctional and prison health facilities. The long-term goal is to broadcast and disseminate program models and experiences to states that did not participate in the original CDP initiative.

NPN constituents will have access to a wide range of comprehensive, targeted CBA services including individual consultations, group training and community-level interventions.

COLLABORATING PARTNERS

As a coalition, NMAC is composed of hundreds of member organizations, the great majority of which are HIV/AIDS faith and community-based organizations serving communities of color. NMAC works closely with other CBA providers targeting HIV prevention and with local and state health departments as stakeholders in most HIV/AIDS planning and resource allocation.

TARGET POPULATION

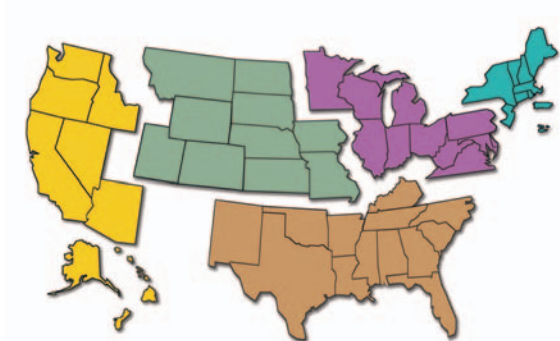
NMAC is providing capacity building assistance on HIV prevention and treatment to corrections, prison health facilities, and discharge planning agencies serving inmates and parolees.

GEOGRAPHICAL SERVICE AREA

NMAC provides service in all regions.

Contact NMAC at:

National Minority AIDS Council
1931 13th Street, NW
Washington, DC 20009
Telephone: (202) 234-5120
Web address: www.nmac.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.

NATIONAL NATIVE AMERICAN AIDS PREVENTION CENTER



FOCUS AREA 1 STRENGTHENING ORGANIZATIONAL INFRASTRUCTURE FOR HIV PREVENTION

MISSION

The mission of National Native American AIDS Prevention Center (NNAAPC) is to stop the spread of HIV/AIDS and related diseases among American Indians, Alaska Natives and Native Hawaiians (AI/AN/NH), and to improve the quality of life for members of these communities who are infected or affected by HIV/AIDS.

ORGANIZATIONAL HISTORY

NNAAPC was founded in 1987 by American Indian and Alaska Native activists, social workers, and public health professionals. The Centers for Disease Control and Prevention has provided funding to NNAAPC since 1988 to conduct HIV/AIDS prevention and intervention activities with Native populations. During the last 15 years, NNAAPC has developed training manuals and resource guides for HIV providers serving Native Americans, produced multi-day regional trainings for Native-specific programs, conducted grant-writing workshops, organized national focus groups and workgroups, facilitated national strategic planning for high school age youth with federal and tribal education stakeholders, and enhanced the visibility and viability of Native communities.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- NNAAPC is the only national HIV-specific Native organization in the United States.
- In 1990, NNAAPC pioneered a case management model in Oklahoma under a HRSA Special Projects of National Significance grant. NNAAPC standardized the model and implemented it in several states and the Navajo Nation.
- In 1997, the Ford Foundation funded NNAAPC to develop a public policy program on HIV/AIDS prevention for Native Americans.
- NNAAPC is currently in its fourth 5-year funding cycle with CDC. Under the last CDC funding cycle, NNAAPC provided CBA to assist Native communities with HIV prevention interventions (Priority Area 2), community planning (Priority Area 4), and mobilization for Native gay, lesbian, bisexual, transgender, and Two-Spirits (Gay Men of Color-Priority Area 3)
- NNAAPC developed and implemented a multi-module train-the-trainer curriculum, “Addressing Two-Spirits” designed to mobilize community members and facilitate effective care and prevention for the Two-Spirit population.
- NNAAPC collaborated with the Mountain Plains AIDS Education and Training Center (AETC) to develop a self-study module and training platform for clinicians in rural areas with limited access to training titled, “HIV Prevention, Early Intervention and Health Promotion for Health Care Providers Serving Native Americans.”
- NNAAPC produced a self-help wellness guide and workbook titled, “Creating a Vision for Living with HIV in the Circle of Life.”
- NNAAPC developed cultural competency materials, including “Clinician’s Guide: Working with Native Americans Living with HIV/AIDS.
- NNAAPC designed and implemented a Native Grant Support Center to train CBO and tribal health staff to write competitive grant proposals for HIV prevention.



DESCRIPTION OF THE CBA PROJECT

NNAAPC is using a national approach with regional strategies to facilitate cross-site communication, partnership development, and resource sharing. A regional coalition made up of seven member organizations guides the CBA activities. These coalition partners are: Inter Tribal Council of Arizona, American Indian Community House, Indigenous People's Task Force, Papa Ola Lokahi, Aberdeen Area Tribal Chairmen's Health Board, Robeson Health Care Corporation, and Alaska Native Health Board. The CBA program provides one-on-one technical assistance and tailored training to CBOs and Health Departments working with Native communities on the following topic areas: effective organizational management techniques, policies and protocols needed for HIV prevention programs (including but not limited to confidentiality, universal precautions, safety for off-site outreach activities, and counseling and testing protocols), fund development, standards for reporting and cultural competency.

GOALS OF THE CBA PROJECT

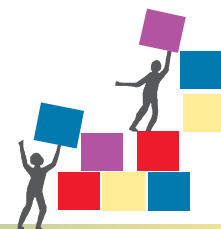
- Provide ongoing CBA for CBOs on enhancing organizational infrastructure to support HIV prevention programming.
- Provide CBA to health departments on culturally appropriate approaches to working with Native organizations.
- Modify and disseminate culturally competent training modules on infrastructure.
- Create and support development needs of consultant pools who are subject matter experts in providing CBA.
- Streamline NNAAPC grants management, administration, and materials development protocols for effective CBA delivery.

COLLABORATING PARTNERS

- AIDS Project Los Angeles
- Asian and Pacific Islander American Health Forum
- Asian and Pacific Islander Wellness Center
- Blanski, Peter, Kronlag & Zoch, PA
- Compass Point
- Grantsmanship Center
- Indiana University Rural Center for AIDS/STD Prevention
- National Association of People with AIDS
- National Minority AIDS Council
- PROCEED, Inc.
- Tri-Ethnic Center
- United Indian Health Service, Inc.

TARGET POPULATION

NNAAPC is targeting its regional coalition partners, Native serving CBOs, health departments, tribal health organizations, Indian Health Service facilities, and other Native-serving organizations.

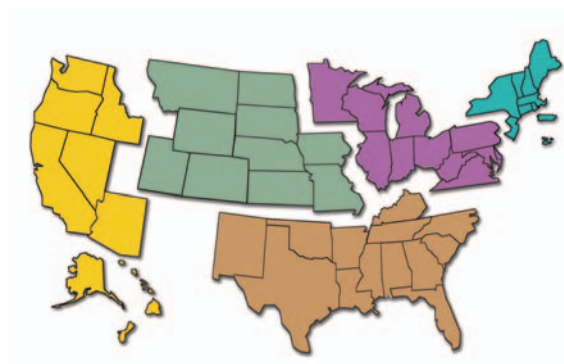


GEOGRAPHICAL SERVICE AREA

NNAAPC provides services in all regions for organizations serving American Indian/Alaska Native/Native Hawaiian populations.

Contact NNAAPC at:

National Native American AIDS Prevention Center
436 14th Street, Suite 1020
Oakland, CA 94612
Telephone: (510) 444-2051
Web address: www.nnaapc.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.



NATIONAL NATIVE AMERICAN AIDS PREVENTION CENTER

FOCUS AREA 2 STRENGTHENING INTERVENTIONS FOR HIV PREVENTION

MISSION

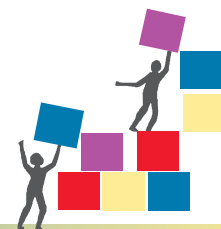
The mission of National Native American AIDS Prevention Center (NNAAPC) is to stop the spread of HIV/AIDS and related diseases among American Indians, Alaska Natives and Native Hawaiians (AI/AN/NH), and to improve the quality of life for members of these communities who are infected or affected by HIV/AIDS.

ORGANIZATIONAL HISTORY

NNAAPC was founded in 1987 by American Indian and Alaska Native activists, social workers, and public health professionals. The Centers for Disease Control and Prevention has provided funding to NNAAPC since 1988 to conduct HIV/AIDS prevention and intervention activities with Native populations. During the last 15 years, NNAAPC has developed training manuals and resource guides for HIV providers serving Native Americans, produced multi-day regional trainings for Native-specific programs, conducted grant-writing workshops, organized national focus groups and workgroups, facilitated national strategic planning for high school age youth with federal and tribal education stakeholders, and enhanced the visibility and viability of Native communities.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- NNAAPC is the only national HIV-specific Native organization in the United States.
- In 1990, NNAAPC pioneered a case management model in Oklahoma under a HRSA Special Projects of National Significance grant. NNAAPC standardized the model and implemented it in several states and the Navajo Nation.
- In 1997, the Ford Foundation funded NNAAPC to develop a public policy program on HIV/AIDS prevention for Native Americans.
- NNAAPC is currently in its fourth 5-year funding cycle with CDC. Under the last CDC funding cycle, NNAAPC provided CBA to assist Native communities with HIV prevention interventions (Priority Area 2), community planning (Priority Area 4), and mobilization for Native gay, lesbian, bisexual, transgender, and Two-Spirits (Gay Men of Color-Priority Area 3)
- NNAAPC developed and implemented a multi-module train-the-trainer curriculum, "Addressing Two-Spirits" designed to mobilize community members and facilitate effective care and prevention for the Two-Spirit population.
- NNAAPC collaborated with the Mountain Plains AIDS Education and Training Center (AETC) to develop a self-study module and training platform for clinicians in rural areas with limited access to training titled, "HIV Prevention, Early Intervention and Health Promotion for Health Care Providers Serving Native Americans."
- NNAAPC produced a self-help wellness guide and workbook titled, "Creating a Vision for Living with HIV in the Circle of Life."
- NNAAPC developed cultural competency materials, including "Clinician's Guide: Working with Native Americans Living with HIV/AIDS."
- NNAAPC designed and implemented a Native Grant Support Center to train CBO and tribal health staff to write competitive grant proposals for HIV prevention.



DESCRIPTION OF THE CBA PROJECT

NNAAPC provides CBA to CBOs and health departments serving Native populations, emphasizing the integration of Native principles, beliefs, and communication styles into HIV prevention activities. The project uses an ecological framework to guide the provision of CBA to organizations with varying degrees of exposure to Native communities and different levels of familiarity with effective HIV interventions. The framework includes formation of a regional coalition of six partner organizations that serve as training hubs. Members of the regional coalition facilitate a large geographical area and allow multiple tribal representation. These partners include: Inter Tribal Council of Arizona, American Indian Community House, Indigenous People's Task Force, Papa Ola Lokahi, Aberdeen Area Tribal Chairmen's Health Board, and Robeson Health Care Corporation.

GOALS OF THE CBA PROJECT

- Provide on-going CBA for CBOs in adapting, implementing, assuring quality, and evaluating HIV prevention interventions for high-risk AI/AN/NH individuals.
- Provide CBA to health departments on culturally appropriate HIV prevention interventions and strategies.
- Provide CBA on the diffusion of effective behavioral interventions including training, cultural adaptation of curricula, and promotion of "boxed" interventions with Native-specific strategies.
- Create and coordinate regional resource consultant pools of experts and support them through training, communication of best practices and materials.
- Strengthen NNAAPC grants management and materials development protocols to increase efficiency and effectiveness of CBA provision.

COLLABORATING PARTNERS

- AIDS Project Los Angeles
- Asian and Pacific Islander American Health Forum
- Asian and Pacific Islander Wellness Center
- Indiana University Rural Center for AIDS/STD Prevention
- National Association of People with AIDS
- National Minority AIDS Council
- PROCEED, Inc.
- Tri-Ethnic Center
- United Indian Health Service, Inc.

TARGET POPULATION

NNAAPC is targeting its regional coalition partners, Native serving CBOs, health departments, tribal health organizations, Indian Health Service facilities, and other Native-serving organizations.

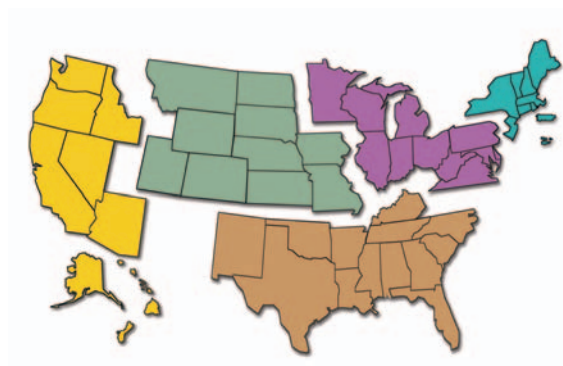


GEOGRAPHICAL SERVICE AREA

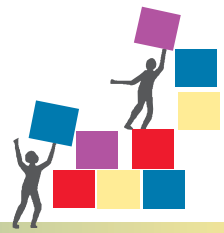
NNAAPC provides services in all regions for organizations serving American Indian/Alaska Native/Native Hawaiian populations.

Contact NNAAPC at:

National Native American AIDS Prevention Center
436 14th Street, Suite 1020
Oakland, CA 94612
Telephone: (510) 444-2051
Web address: www.nnaapc.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.



FOCUS AREA 3

STRENGTHEN COMMUNITY ACCESS TO AND UTILIZATION OF HIV PREVENTION SERVICES

MISSION

The mission of National Youth Advocacy Coalition (NYAC) is to advocate for lesbian, gay, bisexual, transgendered, and questioning youth (LGBTQ) in an effort to end discrimination against them, ensure their physical and emotional well-being, and improve their lives.

ORGANIZATIONAL HISTORY

Established in 1993 by youth, youth advocates, Congressional staffers and researchers, NYAC became an independent nonprofit organization in January 1998. NYAC represents 127 organizations including 85 direct service community-based organizations in 33 states and the District of Columbia. The remainder of the membership is composed of national non-governmental organizations, comprehensive service agencies, and advocacy and civil rights groups. Approximately 95 percent of the organizations to which NYAC has provided technical assistance target African-American populations. NYAC has provided technical assistance to LGBTQ youth since 1993.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- Recognizing the need to cultivate organizations through a service inventory, NYAC compiled a national health information and resource database including more than 2,000 LGBTQ providers offering regular services to youth. User-friendly, it is the most comprehensive compilation of these resources in the United States. In conjunction with the database, NYAC maintains a National Resource Clearinghouse providing toll-free access to information and materials.
- NYAC has a long working relationship with CDC through two cooperative agreements to further provide culturally competent and sensitive services to LGBTQ youth.
- In 2001, NYAC served as lead agency in convening the Youth Alliance of the AIDS: Act Now! Campaign and served as a member of the Partnership Council.
- NYAC provides multiple skills-building opportunities for members annually through its Regional Conferences and National Summit.
- CBA services have been expanded to include individual mentoring using a case management model to organizations identified as requiring intensive, long-term technical assistance.

DESCRIPTION OF THE CBA PROJECT

NYAC is launching a National Youth HIV Testing Initiative to enhance the capacity and expertise of HIV counseling, testing and referral service providers to at-risk youth. Through the initiative, NYAC will create a national strategy including a training and social marketing component which will address the barriers that at-risk youth encounter. The social marketing component builds on a successful culturally appropriate model piloted in six U.S. cities.



GOALS OF THE CBA PROJECT

The goal for this project is to create a national strategy including training and social marketing components that will address service provider barriers faced by African-American LGBTQ youth and YMSM (young men who have sex with men) when seeking HIV counseling, testing and referral services.

NYAC's National Youth Testing Initiative establishes the basis for enhancing the capacity of HIV counseling, testing and referral service providers. CBA services are culturally competent and linguistically appropriate and a train the trainers program ensures that providers have the skills, tools and resources essential to serving LGBTQ youth and YMSM of color.

COLLABORATING PARTNERS

NYAC collaborates with the following organizations to carry out its mission:

- The Youth CBA and YMSM CBA Networks
- National Network for Youth
- AIDS Alliance for Children, Youth and Families
- National Latina Health Network
- Gay Men of African Descent
- National Latino/a Lesbian and Gay Organization
- U.S.-Mexico Border Health Association
- National AIDS Education and Services to Minorities
- Asian and Pacific Islander Wellness Center
- Jackson State University
- Mississippi Urban Research Center

TARGET POPULATION

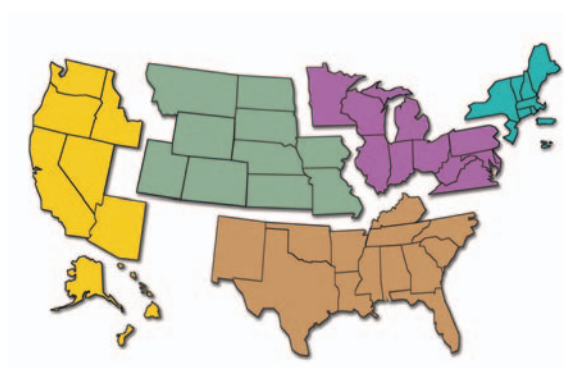
African-American LGBTQ youth and African-American YMSM are the focus of the capacity building assistance consumers under this project.

GEOGRAPHICAL SERVICE AREA

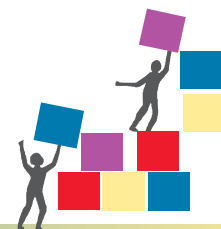
NYAC provides services in all regions.

Contact NYAC at:

National Youth Advocacy Coalition
1638 R Street, NW, Suite 300
Washington, DC 20009
Telephone: (202) 319-7596
Web address: www.nyacyouth.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.



FOCUS AREA 1

STRENGTHENING ORGANIZATIONAL INFRASTRUCTURE FOR HIV PREVENTION

MISSION

The mission of PROCEED, Inc. is to provide individuals, families and organizations with a comprehensive network of appropriate and preventive social, educational, capacity building and community development services that are culturally and linguistically designed to reaffirm self-actualization and improve living standards for the community.

ORGANIZATIONAL HISTORY

PROCEED, Inc. was founded in 1970 to address the socioeconomic needs of a growing Puerto Rican population in the City of Elizabeth, New Jersey. Recognizing the needs of other populations, PROCEED expanded its mission and services to encompass all individuals regardless of ethnic and racial background. PROCEED's history of partnership with CDC as a provider of technical assistance and training to community based organizations providing HIV prevention services, spans 10 years, from 1994 with LapTap (Latino AIDS Prevention - Technical Assistance Program). For the past 4.5 years, PROCEED has been a national capacity building assistance provider focusing on infrastructure development for ethnic/minority community-based organizations providing HIV prevention services in communities of color. Under the new CDC PA 04019, PROCEED's National Center for Training, Support and Technical Assistance (NCTSTA) continues to offer its CBA for AIDS (Capacity Building Assistance for Agency Infrastructure Development Services) program to carry out activities under Focus Area 1.

ORGANIZATIONAL ACCOMPLISHMENTS AND HIGHLIGHTS

- PROCEED is also a Focus Area 2 CBA provider under CDC Program Announcement 04019.
- PROCEED draws past experience in Capacity Building Assistance from its participation with 5-Latino serving organizations under the AVANZANDO partnership with LLEGO. The focus of PROCEED's activities under this partnership was centered on Prevention Case Management and Street and Community Outreach trainings.
- PROCEED has been involved in curriculum development in creating Un Cambio Positivo, a four-session, culturally sensitive, individual-level intervention targeting HIV positive Latinos. The intervention utilizes Motivational Interviewing (MI) as a primary program strategy. A host of researchers, doctoral students, HIV/AIDS practitioners and community advocates have assisted PROCEED in developing this promising Prevention With Positives (PWP) curriculum.
- PROCEED produced a culturally and linguistically appropriate Latino-oriented version of Prevention Case Management (PCM) specifically addressing the background, beliefs and needs of Latino community based organizations. This specialized CBA training was provided to CBO's in San Antonio, TX; Los Angeles, CA; and San Juan, Puerto Rico.
- PROCEED's publications and materials are available in English and Spanish.

DESCRIPTION OF THE CBA PROJECT

The CBA for AIDS Project is designed to provide organizations with the skills, knowledge and tools to sustain long-term organizational growth and development that support the delivery of effective HIV prevention services to high-risk populations. Through this project NCTSTA seeks to bridge the gap between available capacity building resources and community-based service providers. NCTSTA offers a wide range of expertise in the field of capacity building and organization development on topics such as: Strategic Planning, Board Development, Human Resources Development,



Fiscal Management and Fund Development, among others. Services are delivered through Individualized Capacity Building Services (ICBA) and/or group-level standardized trainings including: Common Cents – a two-day fiscal policies and procedures clinic, Grantsmanship – a five-day program planning and proposal writing Institute and Change Management – a two-day seminar that explores the dynamics of organizational change and the role of change agents in a changing environment. PROCEED's work in organization development is grounded in science-based theory and practice. CBA for AIDS expands capacity for collaboration and ongoing information exchange among all CBA stakeholders including: CDC, Latino and Latino-serving organizations, CBA Providers, health departments, and consultants. The overall approach of CBA for AIDS is to implement effective strategies designed to remove the barriers often associated with preventing Latino organizations from seeking much needed capacity building assistance services.

GOALS OF THE CBA PROJECT

- To help Latino and Latino-serving organizations enhance and sustain highly visible and viable HIV prevention programs targeting HIV positives and high-risk negatives.
- To enhance and sustain organizational capacity so agencies are more proficient at implementing and evaluating state-of-the-art HIV prevention interventions.
- To develop a cadre of skilled providers that can offer strong leadership to Latino/Latino-serving organizations

COLLABORATIVE PARTNERS

- LLEGO
- National Minority AIDS Council
- Jackson State University
- National Native American AIDS Prevention Center
- Asian & Pacific Islander American Health Forum
- Departments of Health in: AZ, CA, FL, IL, MT, NJ, NY, OH, PA, PR, RI, TX and WI

TARGET POPULATION

PROCEED's CBA for AIDS Program targets CDC directly-funded Latino and Latino-serving organizations, Health Department-funded community based organizations and stakeholder organizations providing HIV prevention services in all regions.

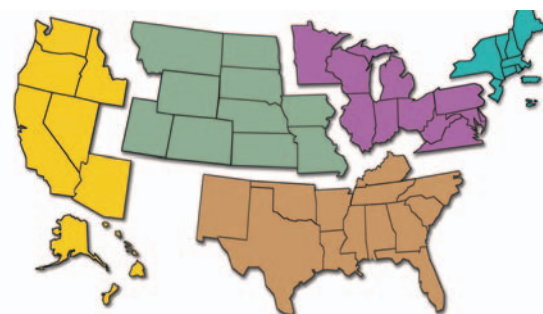
GEOGRAPHICAL AREA SERVED

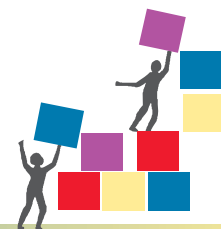
PROCEED, Inc. provides services in the Mid-East region. The states covered in this region are: DE, DC, IL, IN, MD, MI, MN, OH, PA, VA, WV and WI.

Contact PROCEED, Inc. at:

PROCEED, Inc.
National Center for Training, Support and Technical Assistance
1126 Dickinson Street
Elizabeth, New Jersey 07201
Telephone: (908) 351-7727
Web address: www.proceedinc.com

To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.





FOCUS AREA 2

STRENGTHENING INTERVENTIONS FOR HIV PREVENTION

MISSION

The mission of PROCEED, Inc. is to provide individuals, families and organizations with a comprehensive network of appropriate and preventive social, educational, capacity building and community development services that are culturally and linguistically designed to reaffirm self-actualization and improve living standards for the community.

ORGANIZATIONAL HISTORY

PROCEED, Inc. was founded in 1970 to address the socioeconomic needs of a growing Puerto Rican population in the City of Elizabeth, New Jersey. Recognizing the needs of other populations, PROCEED expanded its mission and services to encompass all individuals regardless of ethnic and racial background. PROCEED's history of partnership with CDC as a provider of technical assistance and training to community based organizations providing HIV prevention services, spans 10 years, from 1994 with LapTap (Latino AIDS Prevention - Technical Assistance Program). For the past 4.5 years, PROCEED has been a national capacity building assistance provider focusing on infrastructure development for ethnic/minority community-based organizations providing HIV prevention services in communities of color. Under the new CDC PA 04019, PROCEED's National Center for Training, Support and Technical Assistance has created a CBA program entitled LA PUERTA (Latinos Advancing and Promoting Uniquely Effective Regional Technical Assistance) to carry out activities under Focus Area 2.

ORGANIZATIONAL ACCOMPLISHMENTS AND HIGHLIGHTS

- PROCEED draws past experience in CBA from its participation with 5-Latino serving organizations under the AVANZANDO partnership with LLEGÓ. The focus of PROCEED's activities under this partnership was centered on Prevention Case Management and Street and Community Outreach trainings.
- PROCEED has been involved in curriculum development in creating Un Cambio Positivo, a four-session, culturally sensitive, individual-level intervention targeting HIV positive Latinos. The intervention utilizes Motivational Interviewing (MI) as a primary program strategy. A host of researchers, doctoral students, HIV/AIDS practitioners and community advocates have assisted PROCEED in developing this promising Prevention With Positives (PWP) curriculum.
- PROCEED produced a culturally and linguistically appropriate Latino-oriented version of Prevention Case Management (PCM) specifically addressing the background, beliefs and needs of Latino community based organizations. This specialized CBA training was provided to CBO's in San Antonio, TX; Los Angeles, CA; and San Juan, Puerto Rico.
- PROCEED's publications and materials are available in English and Spanish.

DESCRIPTION OF THE CBA PROJECT

LA PUERTA maintains and continues to develop collaborative partnerships with community-based organizations and health departments in the Mid-East region in order to maximize resources in delivering quality, consistent and effective capacity building assistance services to Latino consumers. The program will provide culturally sensitive technical assistance and training consistent with the effective delivery of DEBI intervention models including SISTA; Popular Opinion Leader; Community Promise; Safety Counts; Voices; Street Smart; Mpowerment and RAPP and PROCEED's Prevention Case Management and Street Outreach training curricula. The overall approach of LA PUERTA is to implement



regionally based strategies designed to remove the barriers of mistrust or lack of communication often associated with preventing Latino organizations from seeking much needed capacity building assistance services.

GOAL OF THE CBA PROJECT

To help Latino and Latino-serving organizations enhance and sustain highly visible and viable HIV prevention programs targeting HIV positives, high-risk negatives, those of unknown serostatus and those individuals requiring counseling and testing and partner notification services.

COLLABORATIVE PARTNERS

- LLEGO
- National Minority AIDS Council
- Jackson State University
- National Native American AIDS Prevention Center
- Asian & Pacific Islander American Health Forum

TARGET POPULATION

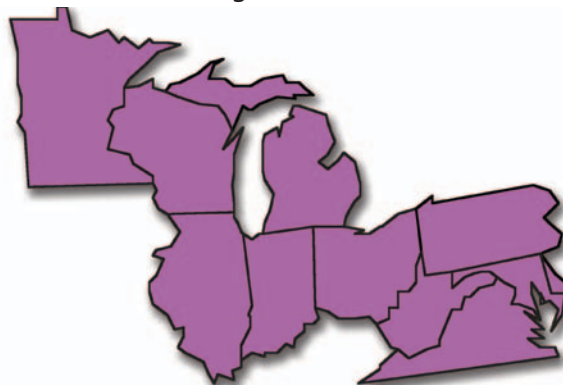
PROCEED's LA PUERTA Capacity Building Assistance Program targets CDC directly-funded Latino and Latino-serving organizations, Health Department-funded community based organizations and stakeholder organizations providing HIV prevention services in the Mid-East region.

GEOGRAPHICAL AREA SERVED

PROCEED, Inc. provides services in the Mid-East region. The states covered in this region are: DE, DC, IL, IN, MD, MI, MN, OH, PA, VA, WV, and WI.

Contact PROCEED, Inc. at:

PROCEED, Inc.
National Center for Training, Support and Technical Assistance
1126 Dickinson Street
Elizabeth, New Jersey 07201
Telephone: (908) 351-7727
Web address: www.proceedinc.com



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.

SAINT LOUIS UNIVERSITY, AFRICAN-AMERICAN STUDIES PROGRAM



FOCUS AREA 2 STRENGTHENING INTERVENTIONS FOR HIV PREVENTION

MISSION

The mission of Saint Louis University is to encourage learning and extend education through teaching, research, and community service.

ORGANIZATIONAL HISTORY

Saint Louis University was founded in 1832 as a Jesuit university, owned and operated by the Society of Jesus and guided “by the moral, spiritual and religious inspiration and values of the Judeo-Christian tradition.” African-American community-based organizations and health departments played a major role in designing the Midwest Prevention Intervention Center of the African-American Prevention Intervention network while staff serve as Advisory Board members on one of two committees: Communication/Linkages or Performances/Services. The Advisory Board also has a vital role in planning, operating and evaluating the project.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- The Project Director and Co-Project Director have extensive experience in providing CBA services in HIV prevention for racial and ethnic minority communities. The Project Director has been involved in CDC capacity building efforts and assessments of outcomes since 1996, and was an evaluator for CDC’s initiative, “A Study of Efforts to Build HIV Prevention Capacity for Racial and Ethnic Minorities in the United States.” The Co-Project Director co-founded The Community Wellness Project, and serves as an advisory board member of CDC’s funded project, “African-American Prevention Intervention Network and has worked in the field of HIV/AIDS/STDs since 1987.
- Saint Louis University’s partner, Community Wellness Project, a CBO, is an experienced provider of CBA, HIV early intervention services, syphilis and other screenings, street and community-level outreach, as well as technical assistance to major corporations on cultural competency, diversity, American Disability Act policy, and workplace protocols regarding persons living with HIV/AIDS. Community Wellness Project staff have provided CBA, education and training in HIV/AIDS prevention and STDs to CBOs, ASOs (AIDS services organizations), and state health departments locally and nationally.
- Midwest Prevention Intervention Center of the African-American Prevention Intervention Network extends a successful national model to a regional approach.

DESCRIPTION OF THE CBA PROJECT

In collaboration with The Community Wellness Project of Saint Louis, Saint Louis University is creating a project entitled the Midwest Prevention Intervention Center of the African-American Prevention Intervention Network (APIN) to provide services to individuals, Health Departments and HIV prevention agencies throughout the Midwest region serving African-Americans at risk of or living with HIV/AIDS. The project extends a national model of APIN into a new regional approach, using such strategies as skills building, information transfer, technology transfer, technical consultation, and technical services. The strategy also calls for a comprehensive needs assessment throughout the region to affirm current HIV-prevention CBA needs; develop a strategic plan; deliver skills building sessions; prioritize technical assistance; match staff CBA requests with specialists; deploy staff or consultants; evaluate project services and provide follow-up at 3, 6, and 9-month intervals.



GOALS OF THE CBA PROJECT

The goal of this project is to provide CBA in collaboration with The Community Wellness Project of St. Louis to community-based organizations serving African Americans and health departments throughout the Midwest region.

COLLABORATING PARTNERS

- The Community Wellness Project of Saint Louis
- Jackson State University's Mississippi Urban Research Center

TARGET POPULATION

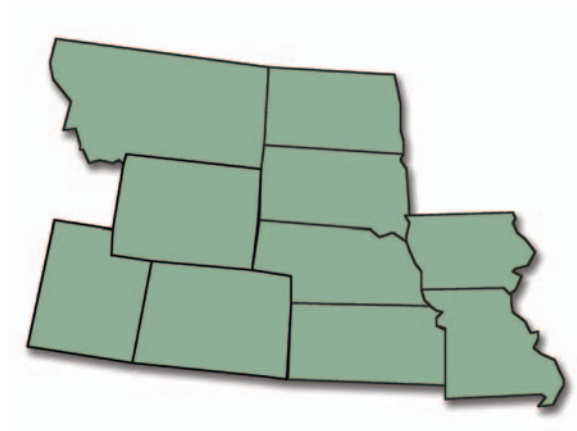
The target population includes organizations that work with individuals, Health Departments and agencies that provide services to African-Americans from diverse at-risk groups: men who have sex with men, substance abusers, persons with repeated STD (sexually transmitted disease) infections, women and youth at high risk for HIV infections, and homeless people in high-risk situations. Project services marketed first to CDC funded community-based organizations and secondarily to state and local health departments and other service providers.

GEOGRAPHICAL SERVICE AREA

Saint Louis University and the Community Wellness Project's MPIC/APIN program provides services in the Midwest region. The states covered are: Colorado, Iowa, Kansas, Missouri, Montana, Nebraska, North Dakota, South Dakota, Utah and Wyoming.

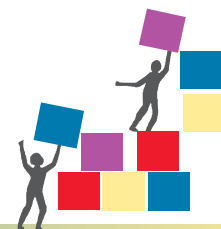
Contact the project at:

Saint Louis University
305 Verhaegen Hall
3634 Lindell Boulevard
St. Louis, MO 63108-3395
Telephone: (314) 977-3511



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.

UNITED STATES-MEXICO BORDER HEALTH ASSOCIATION



FOCUS AREA 3 STRENGTHENING COMMUNITY ACCESS TO AND UTILIZATION OF HIV PREVENTION SERVICES

MISSION

The mission of the United States-Mexico Border Health Association (USMBHA) is to promote the improvement of health and living conditions along the United States-Mexico border.

ORGANIZATIONAL HISTORY

In 1942, the U.S. Public Health Service asked the Pan American Health Organization (PAHO) to promote collaboration among people involved in public health on both sides of the border. PAHO convened a meeting in 1943 attended by senior federal, state, civilian and military officers during which the United States Mexico Border Health Association (USMBHA) was formally created. The membership of the USMBHA includes senior, mid-level, and local level public health officers, health service providers, prevention specialist, academics, as well as community stakeholders. The USMBHA has provided capacity building to public health providers since its inception.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- Between November 1993 and October 1999, the USMBHA Training and Technical Assistance Project (TTAP) funded by the CDC under Announcement 305 built programmatic and administrative capacity among CBOs in the Southwest region of the United States. TTAP was followed by Promovision, a community mobilization project funded by the CDC from November 1999 to March 2004 which targeted CBOs serving recent immigrant and less acculturated Latinos. Both TTAP and Promovision demonstrated statistically significant increase in collaboration among participating CBOs.
- The USMBHA has made a priority of establishing close partnerships with regional and local service providers. As a result of one such collaboration with various partners, the USMBHA developed the Trans-cultural Case Management Approach (TCM), a Peer Case Management approach to HIV prevention and treatment that enhances access and utilization of services. TCM includes a training program for HIV positive case workers to facilitate the delivery of services to Latinos.
- Since the beginning of HIV Prevention Community Planning, the USMBHA has delivered capacity building services to community planning groups, health departments and Latino stakeholders. The USMBHA developed the ENLACES Skills Building and the ENLACES Training for Trainers on the community planning process. The three-day ENLACES Skills Building course has been successful at identifying and incorporating Latino leadership into community planning throughout the U.S.

DESCRIPTION OF THE CBA PROJECT

Through its Promovision program, the USMBHA builds the capacity of promotores and health workers to implement community wide efforts to improve access and utilization of HIV prevention services for high-risk Latinos of unknown or negative serostatus, including pregnant women and their high-risk partners (may include HIV positive partners). CBA services support promotores to provide culturally appropriate and cost-effective interventions in Latino populations; to play leadership roles in Latino communities; and to implement activities that mobilize Latino communities. In addition, CBA services support promotores as advocates and educators to influence community and individual acceptance of HIV testing, follow-up with persons who test positive, and a myriad of other access and service utilization strategies.



GOALS OF THE CBA PROJECT

The goal of PROMOVISION is to involve Promotores in community wide efforts to improve access and utilization of HIV prevention services for high-risk Latinas of unknown or negative serostatus, including pregnant women and their high-risk partners (may include HIV positive partners).

- Information on DEBI Interventions such as POL, RAPP, and Healthy Relationships.
- General knowledge of HIV testing standards and strategies on how to promote the use of testing services by the targeted community.
- Stigma elimination skills to eliminate socio-cultural barriers to HIV prevention service utilization.
- Community assessment skills such as focus groups.
- Community mobilization skills to improve access and utilization of CTR, PCRS.
- Strategic Planning based on PATCH or other models on how to organize community wide efforts that improve access and utilization of HIV prevention services.
- Maximization of resources through improved referral networks.
- Network and coalition development.
- Community education and mobilization using strategies like Healthy Communities.
- Community education to eliminate barriers and improve access for high-risk Latinas of unknown or negative serostatus, including pregnant women and their high-risk partners (may include HIV positive partners).
- Implementation of tools to assess community capital (such as community readiness).

TARGET POPULATION

Consumers of the Promovision program include CBOs, health departments, and individual promotores and networks of promotores providing HIV prevention services to Latinas at risk.

COLLABORATING PARTNERS

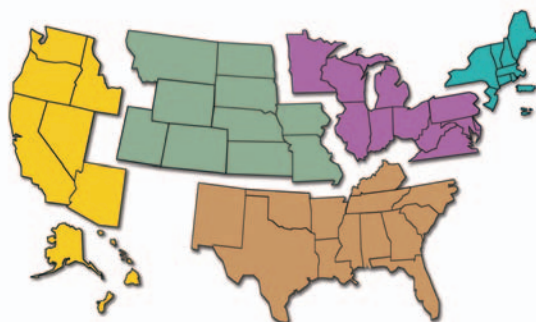
Formal and informal networks of Promotores, Health Departments, and other CBA providers, in particular those serving Latinas, like NAPWA (National Association of People Living with AIDS).

GEOGRAPHICAL SERVICE AREA

USMBHA provides services nationally.

Contact USMBHA at:

United States-Mexico Border Health Association
5400 Suncrest Drive, Suite C-5
El Paso, TX 79912
Telephone: (915) 833-6450
Web address: www.usmbha.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.

UNITED STATES-MEXICO BORDER HEALTH ASSOCIATION



FOCUS AREA 4 STRENGTHENING COMMUNITY PLANNING FOR HIV PREVENTION

MISSION

The mission of the United States-Mexico Border Health Association (USMBHA) is to promote the improvement of health and living conditions along the United States-Mexico border.

ORGANIZATIONAL HISTORY

In 1942, the U.S. Public Health Service asked the Pan American Health Organization to help coordinate a border effort to promote collaboration among people involved with public health on both sides of the border. The United States Mexico Border Health Association (USMBHA) was formally created in 1943 at a meeting attended by senior federal, state, civilian and military officers. The membership of the USMBHA includes senior, mid-level, and local level public health officer, health service providers, prevention specialist, academics, as well as community stakeholders. The USMBHA has provided capacity building to public health providers since its beginning, and experience delivering technical assistance to community groups, health departments and Latino stakeholders.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

- The USMBHA has provided capacity building in HIV Prevention Community Planning from the program's beginning, and has nearly ten years' experience delivering technical assistance to community planning groups, health departments and Latino stakeholders. The USMBHA has developed the ENLACES Skills Building and the ENLACES Training for Trainers on the community planning process. The three-day ENLACES Skills Building course has been successful at identifying and incorporating Latino leadership into community planning throughout the U.S.
- The USMBHA has developed other capacity building efforts such as Promovision, a community mobilization project or the Training and Technical Assistance Project TTP, implemented between November 1993 and October 1999. TTAP was funded by the CDC under Announcement 305 to build programmatic and administrative capacity in the Southwest region of the United States.
- USMBHA has established close partnerships with national technical and capacity assistance providers. Along with collaborating partners, USMBHA developed Cara a Cara, an advanced training program for HIV prevention workers delivering services to Latino MSM.

DESCRIPTION OF THE CBA PROJECT

ENLACES, inspired by the Spanish word for a linkage or bond, showcases the experiences and knowledge of current Latino community planning group (CPG) members while developing skills to position Latinos as active, effective representatives in HIV Prevention community planning at local, state and regional levels. ENLACES aims to increase and diversify Latino participation in CPGs, promote stronger linkages among Latinos and create strategies for collaboration and support. Its strategy is based on increasing parity, inclusion and representation (PIR) of Latinos in community planning. Priority is given to CPGs, health departments, CDC-funded community-based organizations and Latino serving organizations.

GOALS OF THE CBA PROJECT

The goal of this project is to improve the capacity of Community Planning Groups (CPGs) and Health Departments to include HIV-infected and affected Latino populations and communities in the community planning process, and to increase parity, inclusion and representation (PIR) of Latinos on CPGs.



- Deliver the ENLACES skills-building course.
- Develop Latino CPG Leadership through the ENLACES Training of Trainers.
- Partner with CPGs, state and local health departments, and Latino-serving community-based organizations.
- Provide CBA to CPGs and CDC-funded community based organizations on leadership development, understanding the HIV Prevention Community Planning Guidance and the planning process, use of data for decision-making, priority setting, public speaking and persuasion, parliamentary procedures and meeting processes, group and meeting facilitation and understanding public health delivery systems.
- Collaborate with CBA efforts of local and state health departments, to target CPGs and community based organizations funded by the state health departments on understanding the HIV Prevention Community Planning Guidance and the planning process, use of data for decision-making, priority setting, parliamentary procedures and meeting processes, group and meeting facilitation and understanding public health delivery systems.

COLLABORATING PARTNERS

- TA Network
- Asian & Pacific Islander American Health Forum
- Inter Tribal Council of Arizona
- National AIDS Education and Services for Minorities

TARGET POPULATION

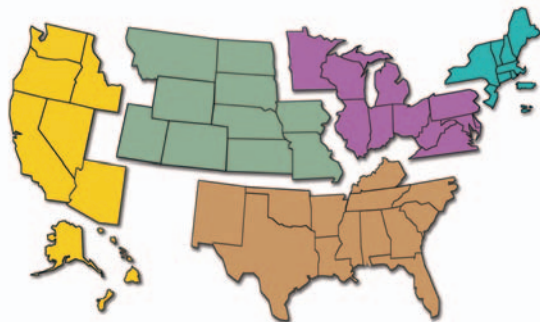
USMBHA provides CBA services to CPGs, health departments, CDC-funded community-based organizations, and Latino community stakeholders, including People Living with HIV/AIDS.

GEOGRAPHICAL SERVICE AREA

USMBHA provides services nationally.

To Contact USMBHA:

United States-Mexico Border Health Association
5400 Suncrest Drive, Suite C-5
El Paso, TX 79912
Telephone: (915) 833-6450
Web address: www.usmbha.org



To request the services of this CBA provider, please contact your CDC Project Officer or the Capacity Building Branch at (404) 639-2918.